

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 544420 (3)  
1. Corporation Name  
SPIKECO, INC.

Principal Place of Business  
13 CHERRY TREE LANE  
NAPLES FL 33964

Mailing Address  
13 CHERRY TREE LANE  
NAPLES FL 33964



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc		26 New Zip 34114		09/01/1977	
22 City & State		27 Suite, Apt. #, etc		4. FEI Number	
23 Zip		28 City & State		59-1794410	
24 Country		29 Zip		5. Certificate of Status Desired	
		30 Country		8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ELKINS, JAMES W. 800 HARBOUR DRIVE NAPLES FL		81 Name	
Change of address only		82 Street Address (P.O. Box Number is Not Acceptable)	
		1000 Tamiami Trail North	
		83 Suite #303	
		84 City	
		FL 85 Zip Code	
		34102	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	FOUST, JEWELL E.	1.2 NAME	
STREET ADDRESS	13 CHERRY TREE LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	
NAME	CHEFFER, DONALD H.	2.2 NAME	
STREET ADDRESS	131 FAIRWAY DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRESTWOOD IL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	
NAME	FOUST, LINDA L	3.2 NAME	
STREET ADDRESS	13 CHERRY TREE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Linda L. Foust LINDA L. FOUST 2/20/98 774-5414

CR2E034 (10/97)