

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **583355**

1. Corporation Name

SPECTRUM GROUP, INC.

Principal Place of Business

5111 S PINE AVE
STE M
OCALA FL 34480
US

Mailing Address

PO BOX 2736
OCALA FL 34478
US

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90008 002 *2,235.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1978

4. FEI Number

59-1843470

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name **SUPERIOR SERVICES OF FL, INC**
82 Street Address (P.O. Box Number is Not Acceptable)
5111 SOUTH PINE
83
84 City **OCALA** FL 85 Zip Code **34480**

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

Jimmy Brang
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	PAGLIA, JOHN, JR.	
STREET ADDRESS	STE 700 100 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PAGLIA, MICHAEL	
STREET ADDRESS	STE 700 100 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MAC F BURBOTT, AMY C.	
STREET ADDRESS	STE 700 100 W BAY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES DANCY	
1.3 STREET ADDRESS	1605 MAIN ST. STE 904	
1.4 CITY-ST-ZIP	SARASOTA, FL 34236	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MAC F BURBOTT	
2.3 STREET ADDRESS	STE 700 100 W BAY ST	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Jimmy Brang
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/99

Date

952-351-8886

Daytime Phone #

CR2E034 (5/99)

0106119