

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90183 031 \*\*\*150.00

DOCUMENT # 585037

1. Corporation Name

SPEARMAN DISTRIBUTORS, INC.

Principal Place of Business

3214 W. THARPE ST.  
TALLAHASSEE FL 32303

Mailing Address

3214 W. THARPE ST.  
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

09/01/1978

4. FEI Number

59-1848816

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3126 FAIRBANKS FERRY ROAD

2a. Mailing Address

26 P.O. BOX 1067

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 HAVANA, FL

City & State

28 HAVANA, FL

Zip

24 32333

Country

25 USA

Zip

29 32333-1067

Country

30 USA

9. Name and Address of Current Registered Agent

WOOD, GEORGE A. JR.  
1809 MORNING STAR LANE  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WOOD, GEORGE A. JR.  
STREET ADDRESS 1809 MORNING STAR LANE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE P ☐ DELETE

NAME WOOD, RUSSELL Y.  
STREET ADDRESS 3126 FAIRBANKS FERRY RD  
CITY-ST-ZIP HAVANA FL 32333

TITLE ST ☐ DELETE

NAME WOOD, JOAN S  
STREET ADDRESS 3126 FAIRBANKS FERRY RD  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUSSELL Y. WOOD

1/25/99

Date

850-539-1150

Daytime Phone #

CR2E034 (11/98)

0055481