## 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

## **DOCUMENT # F57384**

SPUR IN	IVESTMENTS, INC.							
Principal Place	e of Business	Mailing Address					Vinsk minne denne me	1011 01011 1001
1063 HWY 92 W. P.O. BOX 117 AUBURNDALE FL 33823 LAKELAND FL 33802 US						DO NOT WRITE IN THIS	S SPACE	
						3. Date Incorporated or Qualifed 12/07/1981	· · · ·	
Principal Place of Business     2a. Mailing Address						4. FEI Number	Apr	plied For
21 26						59-2160778		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A Fee Red			
City & State City & State						6. Election Campaign Financing	\$5.00	- 1
23		28				Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current year In		EIN-
24	25	29	30			Personal Property Tax.  10. Name and Address of New Registered		□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	to. Name and Address of New Registered	Agent	
MAR	ITIN, E. SNOW JR.		Ľ					
200 LAKE MORTON DRIVE			8	82 Street Address		ess (P.O. Box Number is Not Acceptable)		
LAKELAND FL 33801			8	В3			-	
			8	84	City		85 Zip C	Code
						· FI		
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized t	bv ti	named corpo he corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint	intment as rec	gistered
SIGNATURE							·	
	Signature, typed or printed name of registered age		: Registered A	gent :	signature required	t when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
12.		ND DIRECTORS	1,1 TITL	E		ADDITIONS/CHANGES TO CATTOENCY	☐ Change	Addition
TITLE	PD □ DELETE QUINN, PATRICK D			1.2 NAME				
NAME	A DOCUMENT OF THE PROPERTY OF THE PARTY OF T			1.3 STREET ADDRESS				į
STREET ADDRESS	LIODNICEV LONDON NO ZOA4			1.3 STREET ADDRESS				
CITY-ST-ZIP	STD	□ DELETE	2.1 TITL		·ZIP	,	Change	☐ Addition
TITLE	HUTCHINSON, ROBERT J		2.2 NAM			•		_
NAME	AND LINOUS BOAR (DCD LION)				ADDRESS	•		· i
STREET ADDRESS	LONDON N17 9TP		2.3 STR					
CITY-ST-ZIP TITLE	LONDON 1417 91F	□ DELETE	3.1 TITL		-2117		Change	☐ Addition
NAME	_			32 NAME			_ ;	
STREET ADDRESS			- 1		ADDRESS			1
CITY-ST-ZIP			3,4 CIT					
TITLE	☐ DELETE 4		_	4.1 TITLE			Change	Addition
NAME			4. 2 NAM	ME				
STREET ADDRESS			4.3 STR	EET A	ADDRESS			
CITY-ST-ZIP			4.4 CITY	r-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITL	E		·	Change	☐ Addition
NAME			5.2 NAM	Æ		•		
STREET ADDRESS			5.3 STR	EETA	ADDRESS			
CITY-ST-ZIP			5.4 CITY		-ZIP			
TITLE		DELETÉ	6.1 TTTL				Change	Addition
NAME			1	6.2 NAME				
CTREET ADDRESS			6.3 STR	EET A	ADDRESS			

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 occiver 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90137 046 \*\*\*150.00