FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002475 (2)**

1. Corporation Name
SPICLIFF, INC.

Principal Place of Business	Mailing Address
2542 WILLIAMS BOULEVARD KENNER LA 70062	2542 WILLIAMS BOULEVARD KENNER LA 70062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/26/1993	04/27/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 72-1240949 — ☐ 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 has liability for intangible tax under § 199.032 Florida Statutes. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 Section(s) 607.1803 and 607.1901 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 (if changing registered agent, registered agent must sign here) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '9	
TITLE	PD	12 TITLE	☐ Change ☐ Addition
NAME	LASSEN, SIDNEY W	12 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	12 STREET ADDRESS	
CITY ST ZIP	KENNER LA 70062	12 CITY ST ZIP	
TITLE	V	22 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, THOMAS S	22 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	22 STREET ADDRESS	
CITY ST ZIP	KENNER LA 70062	22 CITY ST ZIP	
TITLE	V	32 TITLE	☐ Change ☐ Addition
NAME	BRODIE, JAMES W	32 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	32 STREET ADDRESS	
CITY ST ZIP	KENNER LA 70062	32 CITY ST ZIP	
TITLE	ST	42 TITLE	☐ Change ☐ Addition
NAME	GILLULY, JOHN J JR.	42 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	42 STREET ADDRESS	
CITY ST ZIP	KENNER LA 70062	42 CITY ST ZIP	
TITLE		52 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		52 STREET ADDRESS	
CITY ST ZIP		52 CITY ST ZIP	
TITLE		62 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		62 STREET ADDRESS	
CITY ST ZIP		62 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is substantially complete and 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 attached sheet, with an address.

SIGNATURE: JOHN J. GILLULY, TREASURER — 4/28/95 (Date) — 504-467-1200 (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED AGENT

0471013 FP