FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/26/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21: 9301 Creighton
Suite, Apt. #, etc.
22: —
City & State
23: Pensacola, FL
Zip
24: 32504
Country
25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
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 s 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LASSEN, SIDNEY W		1.2 NAME		
STREET ADDRESS	2542 WILLIAMS BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	KENNER LA 70062		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	DAVIDSON, THOMAS S		2.2 NAME	THOMAS A. MASILLA JR	
STREET ADDRESS	2542 WILLIAMS BLVD.		2.3 STREET ADDRESS	2542 Williams Blvd	
CITY-ST-ZIP	KENNER LA 70062		2.4 CITY-ST-ZIP	KENNER LA 70062	
TITLE	V	☐ DELETE	3.1 TITLE	ST	☐ Change ☒ Addition
NAME	BRODIE, JAMES W		3.2 NAME	DAVID A. O'FLYNN JR	
STREET ADDRESS	2542 WILLIAMS BLVD.		3.3 STREET ADDRESS	2542 Williams Blvd	
CITY-ST-ZIP	KENNER LA 70062		3.4 CITY-ST-ZIP	KENNER LA 70062	
TITLE	ST	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILLULY, JOHN J JR.		4.2 NAME		
STREET ADDRESS	2542 WILLIAMS BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	KENNER LA 70062		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)