

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004666 (3)

1. Corporation Name

SPINNT CORPORATION

Principal Place of Business

2400 HIGHWAY 92 EAST
LAKELAND FL 33801

Mailing Address

2400 HIGHWAY 92 EAST
LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

2. Principal Place of Business

21 2400 HWY 92 EAST

2a. Mailing Address

26 2400 HWY 92 EAST

4. FEI Number

64-0758511

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 LAKE LAND, FLORIDA

City & State

28 LAKE LAND, FLORIDA

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 33801-2648

Country

25 POLK

Zip

29 33801-2648

Country

30 POLK

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LITZELMAN WEST, TINA
2400 HIGHWAY 92 EAST
LAKELAND FL 33801

81 Name

TINA MARIE LITZELMAN

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

2400 HWY 92 EAST

83

84 City

LAKE LAND

FL

85 Zip Code

33801-2648

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

Tina Marie Litzelman

(NOTE: Registered Agent signature required when reconstituting)

4/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	KNIGHT, JOE
STREET ADDRESS	5233 HIGHWAY 98 NORTH
CITY - ST - ZIP	LAKELAND FL 33809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 or changed, or on an attachment with an addition.

SIGNATURE: X

Joe A. Knight

(Signature and typed or printed name of signing officer or director)

4/25/95 (813)667-0611

DATE (Typed Name)