

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # **G60168** (3)

1. Corporation Name

SPECTRAFOX CORP.

Principal Place of Business

Mailing Address

3050 N HORSESHOE DR
STE 100
NAPLES FL 33942-7908
US

3050 N HORSESHOE DR
STE 100
NAPLES FL 33942-7908
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1983

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHUCH, WILLIAM J.
% SPECTRAFOX CORP.
209 SAIRPORT RD.
NAPLES FL 33942

81 Name

Thomas J. Conwell

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

4041 Gulfshore Blvd. N. #709

83

84 City

Naples, FL

FL

85 Zip Code 33940

11. Pursuant to the provisions of Sections 607.0507 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

Thomas J. Conwell C.E.O.

7-24-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTC
NAME	CONWELL, THOMAS J.
STREET ADDRESS	4041 GULFSHORE BLV N.
CITY ST ZIP	NAPLES FL
TITLE	V
NAME	SCHUCH, WILLIAM J.
STREET ADDRESS	4071 BELAIR LN.
CITY ST ZIP	NAPLES FL
TITLE	S
NAME	CUNNINGHAM, BETTY L.
STREET ADDRESS	6 APPLETREE LN
CITY ST ZIP	NAPLES FL
TITLE	D
NAME	ADELMAN, ROGER
STREET ADDRESS	1833 WOODLAND LN
CITY ST ZIP	ROCKFORD IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	Secretary	☒ Change ☐ Addition
22 NAME	Timothy S. Farlow	
23 STREET ADDRESS	5915 22nd Ave. S.W.	
24 CITY ST ZIP	Naples, FL 33999	
31 TITLE	Assistant Secretary	☐ Change ☒ Addition
32 NAME	Betty L. Cunningham	
33 STREET ADDRESS	6 Appletree Lane	
34 CITY ST ZIP	Naples, FL 33962	
41 TITLE	Director	☐ Change ☒ Addition
42 NAME	Burt Saunders	
43 STREET ADDRESS	3050 N. Horseshoe Dr. #100	
44 CITY ST ZIP	Naples, FL 33942	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 if changed, or in an attachment with an address.

SIGNATURE: *Thomas J. Conwell C.E.O.*

SIGNATURE AND TYPE OF SIGNING OFFICER OR DIRECTOR

Thomas J. Conwell

7-24-95

941-643-5060