

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 # **H47888** (3)

1. Corporation Name

THE SPINNAKER CONSULTING GROUP, INC.



Principal Place of Business

**707 NORTH FRANKLIN STREET
SUITE 800
TAMPA FL 33602
US**

Mailing Address

**707 NORTH FRANKLIN STREET
SUITE 800
TAMPA FL 33602
US**

3. Date Incorporated or Qualified
03/15/1985

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-2522013

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

**JACOBSEN, STANLEY
707 NORTH FRANKLIN STREET
SUITE 800
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name **James S. Kinne**
82 Street Address (P.O. Box Number is Not Acceptable)
707 North Franklin Street
83 **Suite 800**
84 City **Tampa** FL 85 **33602**

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 **James S. Kinne**

4/11/96

Signature, typed or printed name of registered agent and to be applied to:

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PDT** ☒ DELETE
NAME **JACOBSEN, STANLEY F**
STREET ADDRESS **707 N. FRANKLIN ST. #800**
CITY-ST-ZIP **TAMPA FL**

TITLE **SD** ☒ DELETE
NAME **KINNE, JAMES S.**
STREET ADDRESS **707 N. FRANKLIN ST., SUITE 800**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **Kinne, James S**
13 STREET ADDRESS **707 N. Franklin St. #800**
14 CITY-ST-ZIP **Tampa, FL**

21 TITLE **SD** ☐ Change ☒ Addition
22 NAME **Duffy, Katherine**
23 STREET ADDRESS **707 N. Franklin St. #800**
24 CITY-ST-ZIP **Tampa, FL**

31 TITLE **TD** ☐ Change ☒ Addition
32 NAME **Garner, Jr. William K**
33 STREET ADDRESS **707 N. Franklin St. #800**
34 CITY-ST-ZIP **Tampa, FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

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 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: **William K. Garner, Jr.**

4/11/96

(813) 228-7746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)