

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H87508 (8)

1. Corporation Name

SPRINKLE, SEELEY & SPRINKLE, INC.



Principal Place of Business

18115 U.S. HWY 41 NORTH
SUITE 600
LUTZ FL 33549

Mailing Address

18115 U.S. HWY 41 NORTH
SUITE 600
LUTZ FL 33549-4481

3. Date Incorporated or Qualified

11/27/1985

3a. Date of Last Report

03/29/1996

4. FEI Number

59-2621448

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SPRINKLE, ROBERT R.
18115 US HWY 41 NORTH
SUITE 600
LUTZ FL 33549

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME SEELEY, RONALD L.
STREET ADDRESS 3000 WEST BUFFALO AVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE PD
NAME SPRINKLE, GEORGE R.
STREET ADDRESS 1013 HASTINGS CT
CITY-ST-ZIP LUTZ FL ☒ DELETE

TITLE TD
NAME SPRINKLE, ROBERT R.
STREET ADDRESS 1001 HASTINGS CT
CITY-ST-ZIP LUTZ FL ☐ DELETE

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

1.1 TITLE V/D
1.2 NAME MARY M. SPRINKLE
1.3 STREET ADDRESS 1013 HASTINGS CT
1.4 CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

2.1 TITLE S
2.2 NAME JUDITH W. SPRINKLE
2.3 STREET ADDRESS 1001 HASTINGS CT
2.4 CITY-ST-ZIP LUTZ, FL 33549 ☐ Change ☒ Addition

3.1 TITLE P/D
3.2 NAME ROBERT R. SPRINKLE
3.3 STREET ADDRESS 1001 HASTINGS CT
3.4 CITY-ST-ZIP LUTZ, FL 33549 ☒ Change ☐ Addition

4.1 TITLE T/D
4.2 NAME RONALD L. SEELEY
4.3 STREET ADDRESS 3000 W. MARTIN LUTHER KING BLVD
4.4 CITY-ST-ZIP TAMPA, FL ☒ Change ☐ Addition

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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert R. Sprinkle

Date

Daytime Phone #

2/1/97 (813)949-7449

CR2E034 (9/96)