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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H87508

18115 US HWY 41 NORTH

SUITE 600

LUTZ FL 33549

(8)

SPRINKLE, SEELEY & SPRINKLE, INC.

FILED									
Apr 14 1998 8:00am									
Secretary of State									

EH ED

Principal Pla	ce of Business	Mailing Address					
18115 U.S. HWY 41 NORTH 18115 U.S. HWY 41 NORTH SUITE 600 SUITE 600 LUTZ FL 33549 LUTZ FL 33549		DO NOT WRITE IN THI	DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 11/27/1985			
2. Principal Place of Business		2a. Mailing Addre	ess	4. FEI Number	Applied For		
21		26		59-2621448	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Z _i p	Country 30	This corporation owes or has paid the operation of the Personal Property Tax due June 30.	current year Intangible No		
	9. Name and Address of Cu	urrent Registered Agent		10. Name and Address of New Registers	od Agent		
S	PRINKLE, ROBERT R.		81 Name	3			

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, and provided the chickense of Section 607.0505. Elegida Statutes

83

84 City

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

ageni. i a	m ramiliar with, and accupt the obligations of, sec	tion 607.0505, Flo	nda Statutes.			İ
SIGNATURE	Signature, typed or printed name of registered agent and title it appe	cable (NOTE	Registered Agent signature require	ed when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	VD	DELETE	1.1 TITLE		Change	Addition
NAME	SPRINKLE, MARY M		1.2 NAME			
STREET ADDRESS	1013 HASTINGS COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL		14 CITY-ST-ZIP			
TITLE	S	DELETE	2 1 TITLE		☐ Change	Addition
NAME	SPRINKLE, JUDITH W.		2 2 NAME			
STREET ADDRESS	1001 HASTINGS COURT		2.3 STREET ADDRESS			1
CITY-ST-ZIP	LUTZ FL		2. 4 CITY-ST-ZIP			
TITLE	PD	DELETE	3.1 TITLE	- 15-15-15-15-15-15-15-15-15-15-15-15-15-1	☐ Change	Addition
NAME	Sprinkle, robert r.		3.2 NAME			
STREET ADDRESS	1001 HASTINGS COURT		3.3 STREET ADDRESS			
CITY-ST-ZIP	LUTZ FL		3.4. CITY - ST - ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME	SEELEY, RONALD L		4. 2 NAME			
STREET ADDRESS	3000 W MARTIN LUTHER KING BLVD		4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	51 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			
			0.017// 07 7/0			

14. I 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:

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Zip Code