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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90132 029 ***150.00

| DOCUN 1. Corporation | MENT # J08029 | | | | | | |
|---|--|-----------------------------------|------------------|-------------------------|---|-------------------------------------|------------------------|
| SPECTR | um energy, Inc. | | | | | | |
| Principal Place | e of Business | Mailing Address | | | 1 (881)(88 81(1 88) 81 181(1 88) 40 1810 1811 40 181 | E/SI) | 1911 61617 1667 |
| % WILLIAM S | JONASSEN | 7)PEPPER HILL DR | | | | | |
| 10785 ULMERTON ROAD —MONTGOMERY TE 77356 | | | | | DO NOT WRITE IN TH | IS SPACE | |
| LARGO FL 33778 US | | | | - | 3. Date Incorporated or Qualified | | |
| 00 | | | | | 04/08/1986 | | |
| 2. Principal Place of Business 2a. Maiting Address | | | | | 4. FEI Number | Ap | plied For |
| 21 26 4/56 Pepper H Suite, Apt. #, etc. Suite, Apt. #, etc. | | | - HILL | DIL | 59-2487712 | No | t Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | \$8.75 ₽ | |
| 22 | | 27 | | | 5. October of Canada Samuel | Fee Re | |
| City & State | e | City & State | | | 6. Election Campaign Financing | \$5.00 | |
| 23 | | 28 | | | Trust Fund Contribution | Added t | o Fees |
| Zip | Country | Zip | Coun | try | 8. This corporation owes the current year | | □No · |
| 24 | 25 | 29 | 30 | <u> </u> | Personal Property Tax. 10. Name and Address of New Registere | | |
| | 9. Name and Address of Curren | t Registered Agent | | 81 Name | 10. Name and Address of New Registers | u Agent | - |
| JON | ASSEN, WILLIAM S. | | Ľ | | | | |
| 10785 ULMERTON ROAD | | | 1 | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |) |
| LARGO FL 33718 | | | <u> </u> | B3 | | | |
| | | | [| <u> </u> | | | |
| | | | Ţ. | 84 City | F | 85 Zip (| Code |
| office or r | to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was | authorized | by the corporati | poration submits this statement for the purpose ion's board of directors. I hereby accept the app | of changing its pointment as re- | registered gistered |
| SIGNATURE | | 310 | C. D. sistered & | gent signature require | ad when reinstating) DATE | | |
| | Signature, typed or printed name of registered age | nt and tritle if applicable. (NOI | 13. | agent signature require | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTO | RS IN 12 |
| 12. | DV OFFICERS AIT | DELETE | 1.1 TITL | F I | ADDITIONS NAVEZE TO ST. IEZ. | ☐ Change | Addition |
| NAME | WHITE, DAVID C. | | 1.2 NAN | i | | | |
| STREET ADDRESS | 126-29TH AVENUE NORTH | | | EET ADDRESS | | | |
| ! | ST PETERSBURG FL | | | Y-ST-ZIP | | | |
| CITY-ST-ZIP | DS DS | DELETE | 2,1 TITL | | | ☐ Change | Addition |
| NAME | EGGLESTON, EDWARD R. | | 2.2 NAM | ΛE | · • | | · |
| STREET ADDRESS | 400 COTH AVENUE MODTH | | 2.3 STF | REET ADDRESS | | | j |
| CITY-ST-ZIP | ST PETERSBURG FL | | 2 4 CIT | Y-ST-ZIP | | | |
| TITLE | DP | ☐ DELETE | 3.1 TITL | E | | ☐ Change | ☐ Addition |
| NAME | COLLINS, JAMES F. | | 3.2 NAM | ΛE | | | |
| STREET ADDRESS | 400 COTIL ALIENUE MODELL | | 3.3 STF | REET ADDRESS | | | \ \ |
| CITY-ST-ZIP | ST PETERSBURG FL | | 3.4. CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4,1 TITL | E | | Change | ☐ Addition |
| NAME | | | 4, 2 NA | ME | | | 1 |
| STREET ADDRESS | | | 4.3 STF | REET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 5 1 TITI | | | ☐ Change | Addition |
| NAME | | | 5.2 NAI | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP- | | | | Y-ST-ZIP | | | |
| TITLE | | ☐ DELETE | B.1 TITI | · · | | Change | ☐ Addition |
| NAME | | | 6.2 NA | ì | | | |
| emper annoces | | | 6.3 STF | REET ADDRESS | | | 1 |

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP