

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 # J84276

(1)

1. Corporation Name

SPS PROPERTIES, INC.



Principal Place of Business

Mailing Address

BUILDING B, SUITE 5 LAKESHORE VILLAGE PLAZA  
3900 CLARK ROAD  
SARASOTA FL 34233

BUILDING B, SUITE 5 LAKESHORE VILLAGE PLAZA  
3900 CLARK ROAD  
SARASOTA FL 34233

3. Date Incorporated or Qualified  
07/27/1987

3a. Date of Last Report  
04/25/1995

2. Principal Place of Business

21 3307 Clark Rd

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Sarasota FL

Zip

24 34231

Country

25 Sarasota

2a. Mailing Address

26 3307 Clark Rd

Suite, Apt. #, etc.

27 Suite 101

City & State

28 Sarasota FL

Zip

29 34231

Country

30 Sarasota

4. FEI Number  
59-2824829

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

10. Name and Address of New Registered Agent

SMITH, CRAIG L.  
BUILDING B, SUITE 5, LAKESHORE VILLAGE PLAZA  
3900 CLARK ROAD  
SARASOTA FL 34233

81 Name

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

83 3307 Clark Rd, Ste 101

84 City

Sarasota

85 State

FL

86 Zip Code

34231

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 DP ☐ DELETE

NAME SMITH, CRAIG L.  
STREET ADDRESS 2045 MISTY SUNRISE TRL  
CITY-ST-ZIP SARASOTA FL

TITLE DV ☐ DELETE

NAME PLUSH, ALAN C.  
STREET ADDRESS 11 S. JEFFERSON AVE.  
CITY-ST-ZIP SARASOTA FL

TITLE DST ☐ DELETE

NAME SMITH, JOHN RAYMOND  
STREET ADDRESS 3305 TEAL AVE.  
CITY-ST-ZIP SARASOTA 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 report 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 1941/423-8688  
Date Daytime Phone #

CR2E034 (12/95)