

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **K18084** (9)

1. Corporation Name  
**RECIPS, INC.**

Principal Place of Business

Mailing Address

% JAMES E. SPICER  
SUITE 1, 9160 OAKHURST ROAD  
SEMINOLE FL 34646

% JAMES E. SPICER  
SUITE 1, 9160 OAKHURST ROAD  
SEMINOLE FL 33776-2109



3. Date Incorporated or Qualified  
**03/11/1988**

3a. Date of Last Report  
**03/06/1996**

2. Principal Place of Business

2a. Mailing Address

21 **104 Kenner Avenue**

26 **104 Kenner Avenue**

22 Suite, Apt. #, etc.  
**Suite 201**

27 Suite, Apt. #, etc.  
**Suite 201**

23 City & State  
**Nashville, TN**

28 City & State  
**Nashville, TN**

24 Zip  
**37205**

25 Country  
**USA**

29 Zip  
**37205**

30 Country  
**USA**

4. FEI Number

**59-2879892**

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

SPICER, JAMES E.  
SUITE 1  
9160 OAKHURST ROAD  
SEMINOLE FL 34646

81 Name  
**Ct Corporation System**  
82 Street  
**1200 S. Pine Island Road**  
83  
84 City  
**Plantation, FL 33324**

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 *Gregory K. McCullough* **Gregory K. McCullough** *Secy* **2/18/97**

(NOTE: Registered Agent signs are required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>SPICER, JAMES E.</b>
STREET ADDRESS	<b>9160 OAKHURST RD., #1</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>

TITLE	<input type="checkbox"/> DELETE
NAME	<b>VPS</b>
STREET ADDRESS	<b>SPICER, SHIRLEY J.</b>
CITY-ST-ZIP	<b>9160 OAKHURST RD., #1</b>

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>President</b>
1.3 STREET ADDRESS	<b>James V. Doramus</b>
1.4 CITY-ST-ZIP	<b>104 Kenner Avenue, Suite 201</b>

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Secretary</b>
2.3 STREET ADDRESS	<b>Gregory K. McCullough</b>
2.4 CITY-ST-ZIP	<b>104 Kenner Avenue, Suite 201</b>

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	<b>James E. Spicer</b>
3.4 CITY-ST-ZIP	<b>104 Kenner Avenue, Suite 201</b>

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Director</b>
4.3 STREET ADDRESS	<b>Shirley Spicer</b>
4.4 CITY-ST-ZIP	<b>104 Kenner Avenue, Suite 201</b>

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Director</b>
5.3 STREET ADDRESS	<b>Byron R. Trauger</b>
5.4 CITY-ST-ZIP	<b>104 Kenner Avenue, Suite 201</b>

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Gregory K. McCullough* **Gregory K. McCullough** *2/18/97* **2/18/97** **3866255**

CR2E034 (9/96)