

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **K18084** (9)  
1. Corporation Name  
**RECIPS, INC.**

FILED  
Jul 30 1998 8:00am  
Secretary of State



Principal Place of Business  
**104 KENNER AVENUE  
SUITE 1  
NASHVILLE TN 37205  
US**

Mailing Address  
**104 KENNER AVENUE  
SUITE 1  
NASHVILLE TN 37205  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified

**03/11/1988**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

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	D	DELETE
NAME	SPICER, JAMES E.	
STREET ADDRESS	104 KENNER AVENUE #201	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	D	DELETE
NAME	SPICER, SHIRLEY J.	
STREET ADDRESS	104 KENNER AVENUE #201	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	P	DELETE
NAME	DORAMUS, JAMES V.	
STREET ADDRESS	104 KENNER AVENUE #201	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	S	DELETE
NAME	MCCULLOUGH, GREGORY K.	
STREET ADDRESS	104 KENNER AVENUE #201	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	D	DELETE
NAME	TRAUGER, BYRON R.	
STREET ADDRESS	104 KENNER AVENUE #201	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	Change	Addition
12 NAME	STEVEN I GERINGER		
13 STREET ADDRESS	104 KENNER AVE #201		
14 CITY-ST-ZIP	NASHVILLE TN 37205		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 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)(l), 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]* **Gregory K. McCullough** 7/12/98 615-3866255

CR2E034 (5/98)