CR2E034 (5/98)

813-8704895

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).

1.1 Quenthus

PROFIT CORPORATION ANNUAL REPORT 1998  DOCUMENT # K98494  WIL A. SPAUL, INC.				FLORIDA DEPARTMENT OF STATE  Sandra B. Morther  Secretary of State  DIVISION OF CORPORATIONS  (3)			E		
								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/27/1989	
Principal Place of Business  WILBUR A. SPAUL  11279 KNIGHTS GRIFFIN RD THONOTOSASSA FL 33592				Mailing Address  * WILBUR A. SPAUL 11279 KNIGHTS GRIFFIN RD THONOTOSASSA FL 33592					
2. Principal Place of Business 21 Suite, Apt. #, etc.				2a. Malling Address 26 Suite, Apt. #, etc.				4. FEI Number Applied For Not Applied For Not Applicable \$8.75 Additional	е
City & State				27 City & State 28				5. Certificate of Status Desired Fee Required  6. Election Campaign Financing Trust Fund Contribution Added to Fees	_
Zip 24	Zip Country 25 9. Name and Address of Current I			Zip         Country           29         30				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	_
11 Dureuant	NOTASASS to the provisi registered ag am familiar wi	one of sections 607.050	2 and 607 of Florida ations of,	.1508, Florida Statut a. Such change was section 607.0505, Fl	es, the above authorized to orida Statut	3 City	Lagrage	FL 85 Zip Code ration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	_
	Signature, typed o	r printed name of registered age				Agent sign:	alure requir	ulred when reinstating) DATE	_
12. TITLE NAME STREET ADDRESS	D SPAUL, W 11279 KNI THONOTO	GHTS GRIFFIN RD	ND DIREC	DELETE		ET ADDRES	s	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  60002615716	٦ ٦
CITY-ST-ZIP TITLE NAME STREET ADDRESS : CITY-ST-ZIP	mynoro	ONSON FL		DELETE	1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STRE 2.4 CITY-	ET ADDRESS	S	****150,00 ****150,00 Addition	า า
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	3.1 TITLE 3.2 NAME	ET ADDRESS	5	Change Addition	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DELETE	4.1 TITLE 4.2 NAME 4.3 STREE	ET ADDRESS	3	Change Addition	1
TITLE NAME STREET ADORESS CHTY-ST-ZIP				DELETE	5.1 TITLE 5.2 NAME 5.3 STREI 5.4 CITY-	ET ADDRESS	3	Change Addition	ı
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ DELETE	6.4 CITY-	ET ADDRESS ST-ZIP	113	Change Addition	_
indicated o an officer o	on thi <b>s a</b> nnua! or dir <b>ecto</b> r of t	report or supplemental	annual rep ceiver or t	port is true and accur rustee empowered to	rate <b>an</b> d tha	ıt mv siqı	nature s	on 119.07(3)(i), Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am ulired by Chapter 607, Florida Statutes; and that my name appears	

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**J**uly 23, 1998

WIL A. SPAUL, INC. % WILBUR A. SPAUL 11279 KNIGHTS GRIFFIN RD THONOTOSASSA, FL 33592

**SUBJECT: WIL A. SPAUL, INC.** 

Ref. Number: K98494

Please be advised, we have received your document for the above corporation; however, the document <u>has not been filed</u> and is being returned for the following:

The fee to file the annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

**ANNUAL REPORTS SECTION** 

Letter number: 598A00038997

/if

I did not received any invoice from you while
right before I paid. Often I called Jour
office, I was told that I could pay the
original amount with a letter of explenates
and I did. I am sending you aristher cheek
but I expect after inspection, give me a refund
Division of Corporations - P.O. BOX 6327-Tallahassee, Florida 32314 Themy you