

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90046 025 \*\*\*150.00

DOCUMENT # K98494

1. Corporation Name

WIL A. SPAUL, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1989

4. FEI Number

59-2957780

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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

Mailing Address

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

2a. Mailing Address 1721 SE 41st Street

26 PO Box 644

27 City & State Cape Coral, FL

28 Thonotosassa FL

29 Zip 33904 Country

30 33592

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name SPAUL WILBUR A.

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

1721 SE 41st Street

83

84 City Cape Coral, FL

FL

85 Zip Code 33904

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 SPAUL, WILBUR

STREET ADDRESS 11279 KNIGHTS GRIFFIN RD 1721 SE 41st Street

CITY-ST-ZIP THONOTOSASSA FL 33592 Cape Coral, FL 33904

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PO Box 644 1721 SE 41st Street

1.4 CITY-ST-ZIP Thonotosassa, FL 33592 Cape Coral, FL 33904

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 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.

SIGNATURE:

WIL A. SPAUL  
SIGNATURE REQUIRED

1/15/99

Date

Daytime Phone #

(941) 540-4193

CR2E034 (11/98)