

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L03199** (1)

1. Corporation Name
SPIETH & ROUSE, INC.



Principal Place of Business: **% YEAVONE SPIETH, 113 N 7TH AVE, WAUCHULA FL 33873-2601**
Mailing Address: **% YEAVONE SPIETH, 113 N 7TH AVE, WAUCHULA FL 33873-2601**

3. Date Incorporated or Qualified: **07/20/1989**
3a. Date of Last Report: **03/20/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **65-0128854**
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
SPIETH, YEAVONE, 113 N 7TH AVE, WAUCHULA FL 33873

10. Name and Address of New Registered Agent
81 Name: **Patricia Rouse**
82 Street Address (P.O. Box Number is Not Acceptable): **113 N 7TH AVE**
83
84 City: **Wauchula** FL 85 Zip Code: **33873**

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: *Patricia Rouse*
Signature, typed or printed name of registered agent and chief executive officer

DATE: **4/25/96**
Date Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIETH, YEAVONE	1.2 NAME	Rouse, Patricia
STREET ADDRESS	P.O. BOX 164 - 113 N 7TH AVENUE	1.3 STREET ADDRESS	PO BOX 598 - 113 N 7TH AVE
CITY - ST - ZIP	WAUCHULA FL	1.4 CITY - ST - ZIP	Wauchula, FL 33873
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROUSE, PATRICIA	2.2 NAME	SPIETH, YEAVONE
STREET ADDRESS	1110 HUSS RD	2.3 STREET ADDRESS	PO BOX 164 - 113 N 7TH AVE
CITY - ST - ZIP	WAUCHULA FL	2.4 CITY - ST - ZIP	Wauchula, FL 33873
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	000001799880 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-04/29/96--01109--027
STREET ADDRESS		5.3 STREET ADDRESS	***200.00
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *Yeavone Spieth* *Spieth* **4-12-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)