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

CITY-S1-ZIP

Feb 12 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # L06831 (6)THE SPIESS GROUP, INC. Principal Place of Business Mailing Address 306 E NEW HAVEN AVE MELBOURNE FL 32901 306 E NEW HAVEN AVE MELBOURNE FL 32901 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1989 2. Principal Place of Business FEI Numbe Applied For 6767 N. Wickham Rd 59-2960124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible.
Personal Property Tax due June 30. 
Yes No Brerard 25 Brevard Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Name **SMITH JUDITH S** 511 TRADEWIND DR Street Address (P.O. Box Number is Not Acceptable) INDIAN HARBOR BEACH FL 32937 **B3** 85 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition DELETE Change TITLE 1.1 TITLE C 4V P SMITH, JUDITH S NAME 12 NAME SMITH, JUDITH S 306 E NEW HAVEN AVE 511 TRADEWINDS DR STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL INDIAN HARBOUR BEACH CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Change Addition Addition 21 TITLE SIT TITLE 2.2 NAME NAME Elizabeth K. WHITE 2.3 STREET ADDRESS 176 CHIPMUNE DR GRANBY CO 80446.1550 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS

14. Thereby certify that the information supplied with this filling 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

SEC/TREASURER

officer or director of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation or the receiver or unside empowered to a scalar of the corporation of the corporatio

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