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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30568

1. Corporation Name
THE JESSE A. SPICOLA FOUNDATION, INC.

Principal Place of Business C/O DONNA FLOWERS 8703 RIVER FOREST TAMPA FL 33604 US	Mailing Address C/O DONNA FLOWERS 8703 RIVER FOREST TAMPA FL 33604 US
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2. Principal Place of Business 21	2a. Mailing Address 26	13. Date Incorporated or Qualified 02/08/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2973257
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WHEAT, ANTOINETTE 2004 W. BUSCH BLVD TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	FLOWERS, DONNA 8703 RIVER FOREST TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SPICOLA, JOSEPH JR 11705 CASEY RD TAMPA FL	1.2 NAME	
TITLE D	SPICOLA, CYNTHIA 11708 CASEY RD TAMPA FL	1.3 STREET ADDRESS	
TITLE D	FUENTES, LAWRENCE E. 1407 W. BUSCH BLVD. TAMPA FL	1.4 CITY-ST-ZIP	
TITLE D	SPICOLA, JOSEPH 11708 CASEY RD TAMPA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		2.2 NAME	
TITLE D		2.3 STREET ADDRESS	
TITLE D		2.4 CITY-ST-ZIP	
TITLE D		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		3.2 NAME	
TITLE D		3.3 STREET ADDRESS	
TITLE D		3.4 CITY-ST-ZIP	
TITLE D		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		4.2 NAME	
TITLE D		4.3 STREET ADDRESS	
TITLE D		4.4 CITY-ST-ZIP	
TITLE D		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		5.2 NAME	
TITLE D		5.3 STREET ADDRESS	
TITLE D		5.4 CITY-ST-ZIP	
TITLE D		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D		6.2 NAME	
TITLE D		6.3 STREET ADDRESS	
TITLE D		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 617, 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: Donna Flowers **SIGNATURE REQUIRED** 2/2/99 1-813-962-6080

CR2E037 (1/1/98)