

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P20250 (7)
1. Corporation Name
SPIWACHEE, INC.



Principal Place of Business
6210 COMMERCIAL WAY
BROOKSVILLE FL 39001
US

Mailing Address
2542 WILLIAMS BLVD
KENNER LA 70062
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1988	
21		26		4. FEI Number 72-1125034	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LASSEN, SIDNEY W.	1.2 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	THOMAS A MASILLA, JR.	2.2 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	
NAME	DAVID A O'FLYNN, JR.	3.2 NAME	
STREET ADDRESS	2542 WILLIAMS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENNER LA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VIC PRESIDENT
NAME		4.2 NAME	BRODIE, JAMES W.
STREET ADDRESS		4.3 STREET ADDRESS	2542 WILLIAMS BLVD.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	KENNER, LA 70062
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)