

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P35985 (1)**
1. Corporation Name
SPITZMILLER, KILGORE, HOBBS & FORD, INC.



Principal Place of Business: **1320 HEATHER RIDGE BLVD. DUNEDIN FL 34698-5620**
Mailing Address: **228 E CENTER P.O. BOX A SIKESTON MO 63801 US**

3. Date Incorporated or Qualified: **10/18/1991**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **43-1493227**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 28163 US Hwy 19 North**
22 Suite, Apt. #, etc.: **202**
23 City & State: **Clearwater, FL**
24 Zip: **34621-2696** 25 Country: **US**

9. Name and Address of Current Registered Agent
**KILGORE, MIKELL G.
1320 HEATHER RIDGE BLVD.
DUNEDIN FL 34698-5620**

10. Name and Address of New Registered Agent
81 Name: **Kilgore, Mikell G.**
82 Street Address (P.O. Box Number is Not Acceptable): **4612 Orange Grove Way**
83 City: **Palm Harbor** 84 State: **FL** 85 Zip Code: **34624**

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 their applicable) (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	KILGORE, MIKELL G.	
STREET ADDRESS	1320 HEATHER RIDGE BLVD.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	HOBBS, ARTHUR H.	
STREET ADDRESS	525 SALCEDO RD.	
CITY-ST-ZIP	SIKESTON MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPITZMILLER, NORMAN L.	
STREET ADDRESS	119 GREENBRIAN	
CITY-ST-ZIP	SIKESTON MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit on
1.2 NAME	Kilgore, Mikell G.
1.3 STREET ADDRESS	4612 Orange Grove Way
1.4 CITY-ST-ZIP	Palm Harbor, FL 34624
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit on
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address.

SIGNATURE: *Orlando H. Hall* 1/29/96 343-471-3721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Time Phone #

CR2E034 (12/95)