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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P92000005226 (5)

SPEED	Y PAC, INC.				<u> </u>
Dringing Place	of Physics	Mailing Address		<u> </u>	
Principal Place		ű.			
1153 MALABAR ROAD, NE SUITE 16		1153 MALABAR ROAD. SUITE 16	NE		
PALM BAY FL 32907-3261		PALM BAY FL 32907-3261		DO NOT WRITE IN	THIS SPACE
US		US	,V1	3. Date Incorporated or Qualified	
				11/12/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3150843	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.			CR 75 Additional
22		27		5. Certificate of Status Desired L	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid t	
24	25	29	30	Personal Property Tax due June 30	~ '
-	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regis	
FIN	INEGAN, GERALD G		B1 Name		
2169 WAGONWHEEL AVE SE				(D.C. Day Number is Not Assessed by	
I	PALM BAY FL 32909			ress (P.O. Box Number is Not Acceptable)	
'n	DIII DATTE OZOGO		83		
:					
			84 City		FL 85 Zip Code
	Temiliar with, and accept the obligate SERALD 6. FMNEG		IOTICA SIQUES. IT Registered Agent signature requ	poration submits this statement for the purp tion's board of directors. I hereby accept the	4-10-98
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	FINNEGAN, GERALD G		1.2 NAME		
STREET ADDRESS	2169 WAGONWHEEL AVE SE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL		1.4 CITY - ST - ZIP		
TITLE	V	DELETE	2.1 TITLE		Change Addition
NAME	RIGBY, GEORGE H		2.2 NAME		
STREET ADDRESS	2151 WAGONWHEEL AVE SE		2 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		2 4 CITY-ST-ZIP		
TITLE	\$T	DELETE	3 1 TITLE		Change Addition
NAME	FINNEGAN, JANET A		3.2 NAME		
STREET ADDRESS	2169 WAGONWHEEL AVE SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909		3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	——————————————————————————————————————	Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY_CT 7:D			GACILY CT 7ID		

14. I hereby 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 porporation or the receiver or trustile 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 attacturent with an address. 4-10-98 407-951-1414

JANKT A FININEGAN

FILED

May 04 1998 8:00am

Secretary of State