

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P92000014612 (5)

1. Corporation Name
S.P.V.N. INC.

Principal Place of Business
5000 STACK BLVD.
SUITE A-5
MELBOURNE FL 32901

Mailing Address
5370 LAGUNA VISTA DR
MELBOURNE FL 32934

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:57

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/24/1992	3a. Date of Last Report 03/18/1994
4. FEI Number 59-3156227	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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RICHARDS, R D
5370 LAGUNA VISTA DR
MELBOURNE FL 32934

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 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 607.0605, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and the applicant)

(NOTE: Registered Agent's signature required when revalidating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, JOHN	1.2 NAME	
STREET ADDRESS	2186 HIGHWAY A1A UNIT 8C	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL 32937	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, B E	2.2 NAME	
STREET ADDRESS	7650 PINECREST AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST MELBOURNE FL 32904	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RICHARDS, R D	3.2 NAME	
STREET ADDRESS	5370 LAGUNA VISTA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TRUETT, JACK	4.2 NAME	
STREET ADDRESS	2301 LEEWARD COVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMEE FL 32741	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WOODSON, J W	5.2 NAME	
STREET ADDRESS	5455 LAKE WASHINGTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(b), 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 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-95

407-676-2505