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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996 DIVISION OF CORPORATIONS					NS				
DOCU	MENT # <b>P930</b> 0	00043092 (4	)						
1. Corporatio	Trane	•	,						
SPEU	trum ventures unlimit	TED, INC.				Lekkindha lin salah biri dasa nasa			
Principal Place of Business Mailing Address						I TERNINAN COR HENER HANN BONG \$\$50	EENH OON DIGE		
2228 OXFORD PLACE 2228 OXFORD PLACE									
PENSACOLA	A FL 32503	PENSACOLA FL 32503							
						3. Date Incorporated or Qualified	3a. Date of	Last F	Report
2 Drigginal Dr	ace of Business					06/14/1993	04/	26/18	995
21 21	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-3187835			Not Applicable
22		27				5. Certificate of Status Desired		•	5 Additional Required
City & State	e	City & State				6. Election Campaign Financing			00 May Be
<b>23</b> Zip	Country	28 Zip	<u> </u>			Trust Fund Contribution		Adde	ed to Fees
24	25	29	Coun 30	try		8. This corporation has liability for in Florida Statutes Yes		nder s	199.032,
	9. Name and Address of Curre		190			10. Name and Address of New R	_	ent	
			8	<b>B1</b>	Name				
JONES, DENNIS W				32	Street Addres	ss (P.O. Box Number is Not Acceptabl	e)		
	XFORD PLACE COLA FL 32503								
FENSA	JODA FL 32303			33					
			E	34	City	,	FL	35 Zi	ρ Code
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the above	<u> </u> ย-กลเ	med corporat	tion submits this statement for the purp		na ite i	registered office
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec		d by the co	rpor	ation's board	tion submits this statement for the purp of directors. I hereby accept the appo	intment as reg	istered	l agent. I am
SIGNATURE									
12.	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE ID DIRECTORS	: Registered A	gent s	signature required y		DATE		
TITLE	D	DELETE	1. 1 TITL	.E	<del></del>	ADDITIONS/CHANGES TO OFFICE		RECTO Change	DRS IN 12
NAME	JONES, DENNIS W		1.2 NAM					nange	
STREET ADDRESS	2228 OXFORD PLACE		1.3 STRE	ET AD	ODRESS				
CITY - ST - ZIP	PENSACOLA FL 32503		1.4 CITY	-\$1-	210				
TITLE NAME	D IONES CECELIA A	☐ DELETE	2. 1 TITL		1			hange	Addition
STREET ADDRESS	JONES, CECELIA A 2228 OXFORD PLACE		2.2 NAM						
Cily-SI-ZIP	PENSACOLA FL 32503		2.3 STRE						
TITLE		☐ DELETE	2.4 CHTY- 3. 1 TITL		2114		C	hande	☐ Addition
NAME.			3.2 NAM(				UV	iaige	L_J Addition
STREET ADDRESS			3.3 STRE	ET AD	ODRESS				
C/TY-ST-Z/P			3.4 CITY	- S1 - Z	ZIP				
TITLE		☐ DELETE	4 1 TITLE	E				nange	Addition
NAME STREET ADDRESS			4.2 NAME		1				
CITY-SI-ZIP			4.3 STREE		1				
TITLE		DELETE	4.4 CITY - 5 1 TITLE		.IP			2000	Addition
NAME		_	5 2 NAME					ia i Ng	☐ Addition
STREET ADDRESS			5 3 STREE		DRESS				
CITY-ST-ZIP			5 4 CITY-	ST-Z	1P				
DILE		DELETE	6 1 TITLE				[] C	ange	Addition
NAME STREET ADDRESS			6 2 NAME						
STREET ADDRESS CITY - ST - ZIP			6.3 STREE	TADE	DRESS				ŀ

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 of this annual report or supplied that annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 133 changed, or on an attachment with an address.

SIGNATURE: SOMATURE AND TYPED OR PRINTED HAME SIDING OFFICER OR DIRECTOR JONES 26 AM 96 (352) 690-1676