**FILED** 

Apr 26, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000043092

1. Corporation Name

SPECTRUM VENTURES UNLIMITED, INC.

Principal Place of Business Mailing Address				- I IODAIBEN IND HANDA HIIN GORIN BANN DARRI GA	
•		3101 S.W. 34TH AVE. SUIT	E 804		
OCALA FL 34474-4432		OCALA FL 34474-4432			
				DO NOT WRITE IN TH	IS SPACE
				06/14/1993	
2 Principa Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	act of Edomose	26		59-3187835	Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		_	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Recuired
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Courtry	Zìp	Country	8. This corporation owes the current year	
24	25		30	Personal Property Tax.	Yes ( No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	u Agent
JONE	ES, DENNIS W				
1767 N.E. 10TH STREET			82 Street Acd	ress (P.O. Box Number is Not Acceptable)	
OCALA FL 34470			83		
			84 City	F	85 Zip Code
11. Pursuant t	o the provisions of Scotions 607 050	2 and 607.1508. Florida Statute	es, the above-named corp	poration submits this statement for the purpose	of changing its registered
office cr re	egistered agent, or bo h, in the State in familiar with, and accept the obliga	cf Florida. Such change was ⊞	uthorized by the corporation	on's board of cirectors. I hereby accept the app	cointment as registered
ŭ	n tarrillar with, and accept the obliga	and of, Section 667.6566, Fina	iba biatotes.		
SIGNATURE .	Signature, typed or printed na ne of registered age	nt and title if applicable. (NOT	Registered Agent signature require	ed when reinstating) DATE	
12.	OFFICERS AN	NI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, DENNIS W		1.2 NAME		
STREET ADDRESS	1767 N.E. 10TH STREET		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	OCALA FL 34470		1.4 CITY-ST-ZIP		Change Addition
TITLE	D DONES SESENA	☐ DELETE	2.1 TITLE		Citatige   Addition
NAME	JONES, CECELIA A		2.2 NAME		
STREET ADDRE 3S	1767 N.E. 10TH STREET		2 3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL 34470	☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE		Clothe	3.2 NAME		
NAME			3.3 STREET ADDRESS		
STREET ADDRESS			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 ADDRE 3S			5.3 STREET ADDRESS		
CITY-\$T-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		<u> </u>	6.4 CITY-ST-ZIP		

SIGNATURE:

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 suppliemental 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 of trustee empowered to execute this report as recuired by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on/an attachment with an address, with all other like empowered.