

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000006519 (0)

1. Corporation Name

SPIVEY'S PHYSICAL EVIDENCE, INC.



Principal Place of Business

12103 CYPRESS HOLLOW PLACE  
TAMPA FL 33624

Mailing Address

12103 CYPRESS HOLLOW PLACE  
TAMPA FL 33624

2. Principal Place of Business

21 8212 Copeland Rd

2a. Mailing Address

26 5900 W. Linebaugh Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Odessa, FL

27 City & State

28 Tampa, FL

24 Zip

25 33556

Country

USA

29 Zip

30 33625

Country

USA

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

07/11/1995

4. FEI Number

APPLIED FOR 593337824

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

9. Name and Address of Current Registered Agent

SWARTZ, RONALD R ESQ.  
SIX TEN CENTER  
610 WEST WATERS AVE. STE. J  
TAMPA FL 33604

10. Name and Address of New Registered Agent

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 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

(Date) (Signature of Agent required when not a director)

1/17/96

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SPIVEY, DANIEL E  
STREET ADDRESS 12103 CYPRESS HOLLOW PLACE  
CITY- ST- ZIP TAMPA FL 33624

☐ DELETE

TITLE D  
NAME SPIVEY, M K  
STREET ADDRESS 12103 CYPRESS HOLLOW PLACE  
CITY- ST- ZIP TAMPA FL 33624

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP

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STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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\*\*\*200.00

4-18-96  
JR

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 on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(813) 9689673

Date: Daytime Phone #

CR2E034 (12/95)