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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 21 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400007968 (8)

XSPS, INC.

appears in Block 12

SIGNATURE:

Mailing Address Pendipa. Place of business 5457 SOUNDSIDE DRIVE 5457 SOUNDSIDE DRIVE **GULF BREEZE FL 32561** GULF BREEZE FL 32561-9532 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 02/01/1994 2a. Mailing Address 4. FEI Number 2. Principal Faase of Business Applied For 59-3228494 Not Applicable Suite, Apt. #, etc. Suite, Apt #. Cs \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 29 Florida Statutes 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SMITH, CHARLES M JR 5457 SOUNDSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 **GULF BREEZE FL 32561** 83 84 City 85 Zip Code 11. Pursued to the provious 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 holls, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Law familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE is a type compress of the analysis of a formal area flatter to the applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. DELFTF JEEF 1.1 TITLE ☐ Change noilibbA 🔲 SMITH, CHARLES M JR 1,000 1.2 NAME 5457 SOUNDSIDE DRIVE SIETTA DEL S 1.3 STREET ADDRESS **GULF BREEZE FL 32561** 1.4 CITY - \$1 - 2(P DELETE Change \_\_\_ Addition THUE 21 TITLE 2.2 NAME 23 STREET ADDRESS State 14 colors 2 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE 1604 3.2 NAME N.324 Stroy CADIC: 3.3 STHEET ADDRESS 3.4. CITY-ST-7/P DELETE Change Addition 11.114.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS SR44 Alcon Sc Official per 4.4 OTY-ST-ZIP DELFTE Change Addition 5.1 TITLE 110 5.2 NAME Holes 5 3 STREET ADDRESS 5.4 CHY- \$1-7/P C41x+51-70 DELETE Change \_\_\_ Addition ith: 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - 7IP Innuation supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further certify that the springer of supplience that annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that

SIGNING OFFICER OR DIRECTOR

receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name an attachment with an address.