


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

FILED  
Jun 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>19967</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000017137 (8)**

1. Corporation Name

**MICHAEL S. SPARGUR, INC.**

Principal Place of Business

Mailing Address

**11312 TROTting HORSE  
JACKSONVILLE FL 32225**

**11312 TROTting HORSE  
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified **03/04/1996** 3a. Date of Last Report **12/05/1996**

4. FEI Number **59-3227921** Applied For ☐ Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address  
**21 Post Office Box 17675 26 Post Office Box 17675**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.**

City & State City & State  
**23 Jacksonville, FL 28 Jacksonville, FL**

Zip Country Zip Country  
**24 32245 25 U.S. 29 32245 30 U.S.**

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

10. Name and Address of New Registered Agent

**SPARGUR, MICHAEL S  
11312 TROTting HORSE  
JACKSONVILLE FL 32225**

81 Name **7061**  
82 Street Address (P.O. Box Number is Not Acceptable) **7061 Old Kings Rd S**  
83 **# 140**  
84 City **Jacksonville** FL 85 Zip Code **32217**

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 *Michael S. Spargur Inc.*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE
NAME	<b>SPARGUR, MICHAEL S</b>
STREET ADDRESS	<b>11312 TROTting HORSE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>SPARGUR, PATRICIA</b>
STREET ADDRESS	<b>11312 TROTting HORSE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32225</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>7061 Old Kings Rd #140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Jacksonville, Fla. 32217</b>
1.3 STREET ADDRESS	<b>Post Office Box 17675</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32245</b>
2.1 TITLE	<b>7061 Old Kings Rd #140</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jacksonville, Fla. 32217</b>
2.3 STREET ADDRESS	<b>Post Office Box 17675</b>
2.4 CITY-ST-ZIP	<b>Jacksonville, FL 32245</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>600000218046</b>
6.3 STREET ADDRESS	<b>-06/20/97-01013-028</b>
6.4 CITY-ST-ZIP	<b>***165.00</b>

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: *Michael S. Spargur Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)