

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 # P94000021620 (7)

1. Corporation Name

SPAR PROPERTIES, INC.



Principal Place of Business

1706 N MAIN ST  
JACKSONVILLE FL 32206

Mailing Address

POB 3192  
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified  
03/16/1994

3a. Date of Last Report  
03/09/1995

4. FEI Number  
59-3231705

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVER, DORA E  
1706 N MAIN ST  
JACKSONVILLE FL 32206

81 Name

Frederick A. Hughes

82 Street Address (P.O. Box Number is Not Acceptable)

1708 MAIN ST

83

84 City

Jacksonville

FL

85 Zip Code

32206

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, typed or printed name of registered agent, and date if applicable

Frederick A. Hughes

DATE

4-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CDP  
NAME CLAYTON, KELLEY  
STREET ADDRESS 729 TREKKER ST  
CITY-STATE-ZIP JACKSONVILLE FL 32216

☐ DELETE

TITLE V  
NAME HAZLETT, PAUL B  
STREET ADDRESS 1706 N. MAIN ST.  
CITY-STATE-ZIP JACKSONVILLE FL 32206

☐ DELETE

TITLE DS  
NAME HUGHES, ALLEN  
STREET ADDRESS 1708 N MAIN ST  
CITY-STATE-ZIP JACKSONVILLE FL 32206

☐ DELETE

TITLE DT  
NAME BROWN, KAREN  
STREET ADDRESS 400 ROLLING ROCK CT  
CITY-STATE-ZIP JACKSONVILLE FL 32225

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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5.1

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL B. HAZLETT 4/29/96 904-388-4384

Date

Daytime Phone #

CR2E034 (12/95)