

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

FILED  
Feb 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000048570 (3)

1. Corporation Name  
SPOIL ME, INC.

Principal Place of Business

2017 PERIWINKLE WAY  
SANIBEL FL 33957

Mailing Address

2017 PERIWINKLE WAY  
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1661 ESTERO BLVD

Suite, Apt. #, etc.

22 SUITE 2

City & State

23 FT. MYERS BEACH, FL

Zip

24 33931

Country

25 USA

2a. Mailing Address

26 1661 ESTERO BLVD.

Suite, Apt. #, etc.

27 SUITE 2

City & State

28 FT. MYERS BEACH, FL

Zip

29 33931

Country

30 USA

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

65-0501838

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WILCOX, KAREN  
2017 PERIWINKLE WAY  
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name

WILCOX, KAREN

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

1661 ESTERO BLVD., SUITE 2

83

84 City

FT. MYERS BEACH, FL

85 Zip Code

33931

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

Karen L. Wilcox

Signature: typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

1-3-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VTS  
WILCOX, KAREN  
STREET ADDRESS 7174 COLUMBIA CIRCLE  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME P  
RITCHIE, JACK  
STREET ADDRESS 7174 COLUMBIA CIRCLE  
CITY-ST-ZIP FORT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

Karen L. Wilcox KAREN L. WILCOX 1-3-98 (941) 765-0892

CR2E034 (10/97)