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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000059913 (1)

BRUCE	; J. SPEHKY, P.A.								
Principal Plac	e of Business	Mailing Address					JOH TITTO I DETTO F		
1003 S. ALEX SUITE 1	(ANDER ST.	1003 S. ALEXANDER S SUITE 1	ST.						
PLANT CITY FL 33587 PLANT CITY FL 33			,			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified	-		
						08/10/1994		/	
	Place of Business	2a. Mailing Address		-		4. FEI Number		V Ap	plied For
21		26				59-3260229		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 .		Additional equired
City & Stat	.0	City & State				Election Campaign Financing			May Be
23		28				Trust Fund Contribution	_ `		May be to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the			
24	25	29	30			Personal Property Tax due June 30.	₩ ¥ 9 6] No
	9. Name and Address of Ci	urrent Registered Agent				10. Name and Address of New Regist	ered Agent		
SPI	ERRY, BRUCE J			81	Name				
	3 S. ALEXANDER ST.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	ITE 1		į			,			
PU	ANT CITY FL 33567		ľ	83					
			ŀ	84	City		85	Zip C	Code
					•			·	
office or r ag ent. I a	to the provisions of Sections 607 egistered agent, or both, in the 6 m familiar with, and accept the c	7.0502 and 607.1508, Florida Sta State of Florida. Such change wa publigations of, Section 607.0505,	llutes, the at as authorized Florida Stati	oove-r d by tl utes.	named corp he corporal	oration submits this statement for the purplion's board of directors. I hereby accept th	ose of chang e appointme	ging its ant as i	s registered registered
SIGNATURE	Signature, typed or printed name of registers	nd agent and title if applicable (A	IO1E Registered	1 Agent	signature requir	red when reinstating)	DATE		 -
12.		S AND DIRECTORS	13.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS		CTOR	S IN 12
TITLE	D DELETE 1		11][]	11 TITLE			☐ Ch	ange	Addition
NAME	SPERRY, BRUCE J		1.2 NA	ME					
STREET ADDRESS	1902 GOLFVIEW DRIVE N	iorth	1.3 ST	REET AC	DRESS				
CITY-ST-ZIP	PLANT CITY FL 33567		1.4 00	TY-ST-	ZIP				
TITLE		☐ DELETE	2.1 Til	LE			☐ Ch	ange	☐ Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 ST	REET AD	ODRESS				
CITY-ST-ZIP				TY-ST-	ZIP				
TITLE		☐ DELETE	3.1 TITLE				∐ Ch	ange	Addition
NAME			3.2 NA		İ				
STREET ADDRESS			3.3 ST	REET AD	ORESS				
CITY-ST-ZIP		□ ocurre		1Y-S1-	ZIP				T A depe
TITLE		☐ DELETE	4171				∟ Ch	ange	Addition
NAME			4. 2 NA						
STREET ADDRESS				REET AD					
CITY-ST-ZIP		DELETE		Y-S1-2	ZIP		☐ Ch.	0000	Addition
TITLE NAME		□¹ NETELE	5.1 T(T				L.J UII	ជាប្រើជ	L.J. MODISSON
į			5.2 NA		perec				
STREET ADORESS			1	REET AD					
CITY-ST-ZIP TITLE		DELETE	5.4 CIT 6 1 TIT	Y - ST - Z	ZII'		Chi	200e	Addition
NAME							الله ليها	ango	End regarded
STREET ADDRESS			6.2 NA		rype e e				
				REET AD 'Y-S1-2					
CITY-ST-ZIP		~ ()	■ 0.4 UII	1-01-2	SH:				

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 supplied 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 of tripstee 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 or as attachment with an address. ROLLE T. CPKDON DAM

FILED

Jan 22 1998 8:00am

Secretary of State