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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077519 (4)

THE SPITTING GARGOYLE, INC.

Principal Place of Business 1605 7TH AVE Mailing Address

## FILED May 05 1997 8:00am Secretary of State



1605 7TH AVE TAMPA FL 33605		1605 7TH AVE TAMPA FL 33605-3705			
				3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address			4. FEI Number 65 -055326	S-14W1 Applied For	
21	SAME Above	26 P.O BOX	ココロミシ		Not Applicable
Suite, Apt. #, 6	elo.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		-City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 IAMPA	+ lopio A	Trust Fund Contribution	Added to Fees
Zφ	Country	Zip 🔪	Country	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29 33675	O USA	Florida Statutes	Yes No
Name and Address of Current Registered Agent     10. Name and Address of New Registered Agent					
HAGGERTY, CHARLES L 81 Name NONE SAME					
4005 7711 415			ress (P.O. Box Number is Not Acceptab		
TAMPA FL 33605					
			83		
			84 City		85 Zip Code
			City		FL 85 Zip Code
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.					
SIGNATURA	nature, typod or printed name of legistered agen		NOT Registered Agent signature require	JUISED.	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TIME	D	☐ DELETE	1.1 THUE		Change Addition
NAME	HAGGERTY, CHARLES L		1.2 NAME		
STREET ADDRESS	1605 7TH AVE		1.3 STREET ADDRESS		
CITY-SI-ZIP	TAMPA FL 33605		1.4 CITY-ST-ZIP	NONE	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-St-Zift			2. 4 CFTY-ST-ZIP		i i
TITLE		DELETE	3.1 TO'LE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3.3 SYREET ADDRESS		ĺ
CITY - ST - ZIP			3.4. CITY - ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-74			4.4 CITY-ST-ZIP		l
THE		DELETE	51 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		ļ
1			5.4 CITY-ST-ZIP		1
GITY - ST - ZIF		DELETE	6.1 TITLE		Change Addition
1		La pere, c	6.2 NAME		hand minings hand theilitti
NAME CHOCKE ADORSES			<b>2</b> 1		}
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZIP	contifu that the information supplied	with this filing does not qualify	for the exemption states	d 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 it 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:

THE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OFFINECTOR

813-547-787)