

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P94000082586 (6)

1. Corporation Name
BENT SPOKE, INC.

95 JUN 16 PM 11:26

Principal Place of Business Mailing Address
4201 NORTH WIND LANE 4201 NORTH WIND LANE
TAMPA FL 33624 TAMPA FL 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1994	3a. Date of Last Report N/A
4. FBI Number 59-3278043	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
6. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 881 E. Bloomingdale Suite, Apt. #, etc.	2a. Mailing Address 26 881 E Bloomingdale Suite, Apt. #, etc.
22 City & State 23 Brandon, FL Zip Country 24 33511 25 FL	27 City & State 28 Brandon, FL Zip Country 29 33511 30 FL

9. Name and Address of Current Registered Agent GOTTESMAN, MICHAEL 4201 NORTH WIND LANE TAMPA FL 33624	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 filer if applicable)

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	GOTTESMAN, SUZANNE	12. NAME	
STREET ADDRESS	4201 NORTH WIND LANE	13. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33624	14. CITY, ST, ZIP	
TITLE	D	21. TITLE	☐ Change ☐ Addition
NAME	GOTTESMAN, MICHAEL	22. NAME	
STREET ADDRESS	4201 NORTH WIND LANE	23. STREET ADDRESS	
CITY, ST, ZIP	TAMPA FL 33624	24. CITY, ST, ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY, ST, ZIP		34. CITY, ST, ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY, ST, ZIP		44. CITY, ST, ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY, ST, ZIP		54. CITY, ST, ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY, ST, ZIP		64. CITY, ST, ZIP	

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 110.07(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 new attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR