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Jan 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000014799 (7)

1. Corporation Name

SPIDERMAN'S PROFESSIONAL SERVICES, INC.



Principal Place of Business

855 CODY LANE  
PENSACOLA FL 32504

Mailing Address

855 CODY LANE  
PENSACOLA FL 32514-3968

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

29 30

3. Date Incorporated or Qualified

01/18/1995

3a. Date of Last Report

06/12/1996

4. FEI Number

59-3287688

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULHOLLAND, SPIDERMAN S  
855 CODY LANE  
PENSACOLA FL 32504

81 Name

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

83

84 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.

SIGNATURE

Signature, typed or printed name of officer or director and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME MULHOLLAND, SPIDERMAN S  
STREET ADDRESS 3820 COLLINSWOOD ROAD  
CITY-ST-ZIP PENSACOLA FL 32514

1.1 TITLE DIT  
1.2 NAME BRYAN, TERRY L.  
1.3 STREET ADDRESS 1836 NESTLE DR.  
1.4 CITY-ST-ZIP PENSACOLA, FL. 32534

TITLE DVP  
NAME STEPHEN, SCOTT A  
STREET ADDRESS 918 ARTESIAN  
CITY-ST-ZIP PENSACOLA FL 32505

2.1 TITLE DIT  
2.2 NAME Mulholland, Spiderman S  
2.3 STREET ADDRESS 7720 Randwick Rd.  
2.4 CITY-ST-ZIP PENSACOLA, FL. 32514

TITLE D  
NAME BRYAN, TERRY L  
STREET ADDRESS 1836 NESTLE DR.  
CITY-ST-ZIP PENSACOLA FL 32534

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

TITLE S  
NAME GARRISON, SUSAN B  
STREET ADDRESS 7974 SHORT CREEK RD.  
CITY-ST-ZIP JAY FL 32565

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I do 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:

*Terry L. Bryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*TERRY L. BRYAN*

1-8-97

(904) 474-6302