

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Monam
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 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

MULHOLLAND, SPIDERMAN S
855 CODY LANE
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MULHOLLAND, SPIDERMAN S
STREET ADDRESS 7720 RANDWICK ROAD
CITY-ST-ZIP PENSACOLA FL

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

FILE DR./SENIOR / VP
NAME Stephen, Scott A
STREET ADDRESS 918 ARTESIAN
CITY-ST-ZIP PENSACOLA, FL. 32505

☒ Change

☐ Addition

FILE VP
NAME Reynolds, James B
STREET ADDRESS 5564 CHIPPER LANE
CITY-ST-ZIP Pace, FL. 32571

☐ Change

☒ Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for 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.

CR2E034 (10/97)