

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000014799

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90058 046 ***150.00



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
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

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 607.0508, 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

Spiderman S. Mulholland, DPT 1/11/99

12. OFFICERS AND DIRECTORS

TITLE	DSVP	<input type="checkbox"/> DELETE
NAME	STEPHEN, SCOTT A.	
STREET ADDRESS	918 ARTESIAN	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	STEPHEN, SCOTT A	
STREET ADDRESS	918 ARTESIAN	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, TERRY L	
STREET ADDRESS	1836 NESTLE DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARRISON, SUSAN B	
STREET ADDRESS	7974 SHORT CREEK RD.	
CITY-ST-ZIP	JAY FL 32565	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JAMES B.	
STREET ADDRESS	5564 CHIPPER LANE	
CITY-ST-ZIP	PACE FL 32571	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DPT
6.3 STREET ADDRESS	Mulholland, Spiderman
6.4 CITY-ST-ZIP	7720 Randwick Rd Pensacola FL 32514

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date

850/476302
Daytime Phone #

CR2E034 (1/98)