

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000024181 (6)

1. Corporation Name

SPINNAKER INVESTMENTS, INC.



Principal Place of Business

2704 REW CIRCLE STE. 102
OCOE FL 34761

Mailing Address

2704 REW CIRCLE STE. 102
OCOE FL 34761

3. Date Incorporated or Qualified
03/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2710 REW CIRCLE

26 2710 REW CIRCLE

4. FEI Number

59-3308508

Applied For

Not Applicable

22 STE. 301

27 STE. 301

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 OCOEE, FL

28 OCOEE, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 34761 25 Country

29 34761 30 Country

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

LOUGHEAD, R A
2704 REW CIRCLE STE. 102
OCOE FL 34761

81 Name
LOUGHEAD, R A

82 Street Address (P.O. Box Number is Not Acceptable)
2710 REW CIRCLE, STE. 301

84 City
OCOE

85 Zip Code
FL 34761

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]

Vice President

4/10/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ROFFE, Y, LUCAS
STREET ADDRESS 2704 REW CIRCLE STE. 102
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ DELETE
NAME LOUGHEAD, R A
STREET ADDRESS 2704 REW CIRCLE STE. 102
CITY-ST-ZIP OCOEE FL 34761

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME ROFFE, LUCAS
1.3 STREET ADDRESS 2710 REW CIRCLE, STE. 301
1.4 CITY-ST-ZIP OCOEE, FL 34761

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME LOUGHEAD, R A
2.3 STREET ADDRESS 2710 REW CIRCLE, STE. 301
2.4 CITY-ST-ZIP OCOEE, FL 34761

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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 in an attachment with an address.

SIGNATURE:

[Signature]

R. Allan Loughead V. Pres.

4/9/96

407-656-8134

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/96)