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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030182 (6)

SPOT-A-DIPPER, INC.

FILED May 07 1997 8:00am Secretary of State



Principal Flac	ce of Business	Ma⊪in	Malling Address					PE-4# (
4632 ALLIGATOR DRIVE 4632 ALLIGATOR D VENICE FL 34293 VENICE FL 34293-6											
							Date Incorporated or Qualified 04/12/1995		te of La 0/19 8	st Report	
			ailing Address	g Address			4. FEI Number			Applied For	
Suite, Apt	W cts	26	iite, Apt. #, etc.				65-0561319			Not Applicable	
22		27					5. Certificate of Status Desired			75 Additional e Required	
City & Sta	lle	<u>-</u>	ty & State				6. Election Campaign Financing			00 May Be	
23 Ζιρ	Country	28 		Count			Trust Fund Contribution	<u>ll</u>		led to Fees	
24	25	29		30	ıу		8. This corporation has liability for in	ntangible] Yes [[ler s. 199.032,	
	9. Name and Address of Curre		d Agent	1901			10. Name and Address of New Re				
POO	ORT, JAMES R			8	1	Name				***************************************	
	2 ALLIGATOR DRIVE			Ē	3	Stroot Addre	oon (D.O. Pay Number in Not Assentab	le)			
VENICE FL 34293				ľ	-	Street Addre	ddress (P.O. Box Number is Not Acceptable)				
				8	3						
				8	4	City			85	Zip Code	
			T				oration submits this statement for the pon's board of directors. I hereby accep	<u> </u>		•	
agent 1 a	am familiar with, and accept the obli					eignature require	od when reinstating)	DATE	······································		
12.	OFFICERS AI	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIREC	TORS IN 12	
TITLE	PD		☐ DELETE	1.1 TITLE					Chai	xge 🔲 Addition	
NAME	POORT, JAMES R			1.2 NAM	Ē						
STREET ADORESS				1.3 STRE							
CITY+ST 2IP TITLE	VENICE FL 34293	···	DELETE	1.4 CITY		ZIP			Chai	Addition	
NAME	TAZBIR, JOSEPH Z		☐ OLLEIL	2.1 TITLE 2.2 NAMI					L Cital	nge L Addition	
STREET ADDRESS	A LAN DITEMBLE BOLK THANK			2.3 STRE		nnbree					
CITY- S1-ZIP	PORT CHARLOTTE FL 33952			2.4 CITY							
THEE	TD		DELETE	3.1 TITLE		<u> </u>			Chai	nge Addition	
NAME.	TAZBIR, KATHY T			3.2 NAMI	E						
STREET ADORESS	1489 ALLIGATOR DRIVE			3.3 STRE	ET A	DDRESS					
CITY - ST - ZIP	VENICE FL 34293			3.4. CITY	-\$1	- ZIP					
THTLE	SD		DELETE	4.1 TITLE					Chai	nge 🔲 Addition	
NAME	POORT, SANDRA			4. 2 NAM	IE						
STREET ADDRESS				4.3 STRE	ET AL	DDRESS					
City - St - ZiP	VENICE FL 34293	····	Deleve	4.4 City		ZIP					
TIFLE			DELETE	5.1 TITLE					Chai	nge L. Addition	
NAME PERFECT ANDROSES				5.2 NAMI							
STREET ADDRESS				5.3 STRE							
TITLE			DELETE	5.4 CiTY 6.1 TiTLE		ZIP			Chai	nge	
NAME			L. OCELIE	6.2 NAMI					UIII) LIIII	iAc FTT VACIOUS	
STREET ADDRESS				6.3 STRE		nneess					
CITY - ST - ZIP						1					
C111 O17 [1]	L			6.4 CITY	٠ ان	411					

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: