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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000049818 (4)

SPEIR ENTERPRISES OF CENTRAL FLORIDA, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							{	#1016   0161   1916	II\$01 H\$11 H\$01
2978 N. OLD KISSIMMEE F	DIXIE HWY STE. E L 34744		2978 N. OLD DIXIE HWY., STE. E KISSIMMEE FL 34744				DO NOT WRITE IN TH	IIS SPACE	
				•			3. Date Incorporated or Qualified		
9 Principal Di	lace of Business	20 540	ilina Address				06/27/1995		
21	INCO OF DUSINOSS	26. Ma	iling Address				4. FEI Number	<del></del>	Applied For
Suite, Apt.	#. etc.		ite, Apt. #, etc.				59-3315379		Not Applicable  5 Additional
22 City & State		27	v & State				5. Certificate of Status Desired	Fee	Required
23		28	·			·	6. Election Campaign Financing Trust Fund Contribution		May Be d to Fees
Zip	Country	<u> </u>	Zip Country			/	6. This corporation owes or has paid the	_ ′	
24	25 29  9. Name and Address of Current Registered Agent			30			Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes	∐ No
en		ont neglatore	o Agent		81	Name		o Agent	
SPEIR, GAROLD 2978 N. OLD DIXIE HWY., STE. E						l Sp	peir, Dabra		
KISSIMMEE FL 34744					82		STEN O'Ld Dix ie Hwy., St	e E	
-					83				
	_				84	l Ki	issimme: F		34744
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, lyfeo or printed marked largestered agent and letter if applicable (NOTE Registered Agent signature required when reinstating)    Debra M. Speir   4/19/98   1/19/									
12.		ND DIRECTO		13.	) Ago	ent signature required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	D	THE DITTE OF THE	DELETE	1.1 T(1	TLE.	P/		LX Change	
NAME	SPEIR, GAROLD			1.2 NA	ME		peir, Debra		_
STREET ADDRESS	2978 N. OLD DIXIE HWY., S	TE. E		1.3 ST	REET		978 N Old Dixie Hwy., St	e E	
CITY-ST-ZIP	KISSIMMEE FL 34744			1.4 CI	IY-S		ssimmee, Fl 34744	.,	
TITLE	0		DELETE	2.1 117	LE	D		Change	e 🛛 Addition
NAME	<b>SPEIR</b> , DEBRA			2.2 NA	ME		ark, Nancy		
STREET ADDRESS	2978 N. OLD DIXIE HWY., S	7E. E		23 ST	REET		05 Emmett St		
	VICCHANCE EL 24744			2.4£1			ssimmee, FL 34741		
TITLE			☐ DELETE	3.1 TIT			/T/D	[X] Change	e 🔲 Addition
NAME				3.2 NA			eir, Garold	_	
STREET ADDRESS						ADDRESS 29	178 N Old Dixie Hwy., St ssimmee, Fl 34744	e E	
CITY-ST-ZIP TITLE			DELETE	3.4. CI 4.1 TII		ST-ZIP K1	33 milee, F1 34744	Change	Addition
NAME				4. 2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				4.4 CIT		J			ŀ
TITLE			☐ DELETE	5.1 TiT				Change	Addition
NAME				5.2 NA	ME				
STREET ADDRESS				5.3 ST	REET	ADDRESS			
CITY-ST-ZIP				5.4 CIT	Y-S	T- ZIP			
TITLE			DELFTE	6.1 TIT				Change	Addition
NAME				6.2 NA					
STREET ADDRESS						ADDRESS			j
14. hereby c	ertify that the information supplied	with this filing	does not qualify f	6.4 CIT or the exe			ection 119.07(3)(i), Florida Statutes. I further	certify that the	ne information
in discass of	an this analysis constitution outperior	tol convol rop	and in the same and and				shall have the same local effect as it made	and an artist of	the state of the s

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.

4-19-98

(407)847-4849