

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

FILED
May 07 1997 8:00am
Secretary of State

DOCUMENT # P96000008564 (2)

1. Corporation Name
FRESH SPIN, INC.



Principal Place of Business

2102 KENNEDY BLVD W
TAMPA FL 33608

Mailing Address

2102 KENNEDY BLVD W
TAMPA FL 33606-1535

3. Date Incorporated or Qualified

01/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 6416 N. FLORIDA AVE.
Suite, Apt. #, etc.

22

City & State

23 TAMPA FL

Zip

24 33604

Country

25

2a. Mailing Address

26 6416 N. FLORIDA AVE.
Suite, Apt. #, etc.

27

City & State

28 TAMPA FL

Zip

29 33604

Country

30

4. FEI Number

59-3357280

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CARTER, LYMAN A
6416 N. FLORIDA AVENUE
TAMPA FL 33608

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 ☐ DELETE

NAME D
CARTER, LYMAN A
STREET ADDRESS 13108 N FLORIDA AVE APT 111
CITY-ST-ZIP TAMPA FL 33613

TITLE ☐ DELETE

NAME D
BEDINGFIELD, JONG H
STREET ADDRESS 13108 N FLORIDA AVE APT 111
CITY-ST-ZIP TAMPA FL 33613

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

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 5205 NORTH BLVD. APT 7
1.4 CITY-ST-ZIP TAMPA FL 33603

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 5205 NORTH BLVD APT 7
2.4 CITY-ST-ZIP TAMPA FL 33604

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 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 *[Signature]* *[Signature]* *[Signature]* *[Signature]*

CR2E034 (9/96)