FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE May 06, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1999 05-06-1999 90181 007 ***150 00 DOCUMENT # 7960000 14008 1. Conjunction Name SPANKY'S ENTERPRISES / INC. Mailing Address Principal Place of Business 5775 GIST STREET NORTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG, FLORIDA 33709 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2a, Mailing Address 2. Principal Place of Business Not Applicable 65-0640788 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apl. #, etc. 5. Certifcate of Status Desired \Box Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Γ-1 Added to Fees Trust Fund Contribution 23 8. This corporation owes the current year Intangible Country Country 7ip []No Personal Property Tax. 30 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAM K. LOVEZACE Street Address (P.O. 8ox Number is Not Acceptable) 82 2310 WATBAY DRIVE 83 LARGO, FLORIDA 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or punted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. [] Change [] Addition DELETE 13 THE IIII E SPANGLER, MICHAEL 5775 GIST ST. N 12 NAME NAME 13 STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33709 1.4 CITY-ST-ZIP [] Addition [] Change [] DELETE 2.1 TIME TITLE CRONCE, RICHARD W. JR 2 2 NAME 5115 61ST ST. N. 2.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG, FL 33709 2.4 CITY-ST-ZIP City-\$1-ZIP ____ [_] Addition Change DELETE 31 TITLE HILE 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP CITY-ST-ZIP Addition [] Change [_] DELETE 4.1 TITLE MILE 4. 2 NAME 11,101.5 4.3 STREET ADDRESS SUPLETADDRESS 4.4 CITY-ST-ZIP CHY-SI-ZP DELETE [| Change [] Addition 511HIE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE HILE 62 NAME MALIE 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 14. Thereby 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 it 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 attachquent with an address, with all other the empowered.

SIGNATURE

Miles AND TYPED ON PRINTED AME OF SIGNING OFFICER ON DIRECTO

4-22-99

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