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 # P96000034471 (8)

SPR INVESTMENTS, INC.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Principal Place of Business Mailing Address 5101 W. NEPTUNE WAY 5101 W. NEPTUNE WAY TAMPA FL 33609 TAMPA FL 33609 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/17/1996 2a. Mailing Address Applied For 2. Principal Place of Business Not Applicable NOT APPLICABLE 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible Zip Country Yes Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RUSH, JOSEPH P 5101 W. NEPTUNE WAY Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** вз 64 City 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 (NOTE Registered Agent signature required when roustating) Signature, typod or pointed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition PTSD 1.1 1Buf TITLE RUSH, JOSEPH P 1.2 NAME **5101 W. NEPTUNE WAY** 1.3 STREET ADDRESS STREET ADDRESS **TAMPA FL 33609** 1.4 CHY-S1-7/P CITY-ST-ZIF DELETE Change Addition 2.1 TO LE TITL F 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-S1-7IP DELETE Change ☐ Addition 3.1 TO LE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TO LE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y - S1 - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 51 TITLE 5.2 NAME NAME

6.4 CiTY - ST - ZIP CITY-S1-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 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 C(1Y - S1 - Z(P

6.1 TITLE

6.2 NAME

DELETE

SUDDO24248 Pepange

-02/09/98--01034--028

***150,00

Addition

FILED

Feb 06 1998 8:00am

Secretary of State