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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000081248 (2)

SPI MANUFACTURING COMPANY, INC.

Pr	incipal	Place	٥f	Business	
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Mailing Address

FILED May 14 1997 8:00am Secretary of State



7073 SHORE DRIVE SOUTH ST. PETERSBURG FL 33707			ST. PETERSBURG FL 33707-4604									
,	e.						3. Date Incorporated or Qualified 10/01/1996	3a. [)a	ale of Las	st Report	-]	
2. Principal Place of Business		Ţ.	2a. Mailing Address			4. FEI Number 40 288/			Applied For			
21		2	26			59-340			Not Applicable	2		
Sulte, Apt. #, etc.		ļ.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required			
City & State			City & State			6. Election Campaign Financing			<u>`</u>	\dashv		
23		أ	8		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
Zip	Country		Z _I p Cour				8. This corporation has liability for	intangible			1	
24	25		9	30			Florida Statutes	1				
	9. Name and Address	ss of Current Re	gistered Agent				10. Name and Address of New Re	gistered	Agent		_	
	M, PATRICIA J				81	Name					Ì	
	SHORE DRIVE SOUT				62	Street A	Address (P.O. Box Number is Not Acceptat	ile)				
ST. F	PETERSBURG FL 337	U/		}	83	··						
				ĺ	63							
					84	City			85 2	ip Code	7	
11. Pursuant	to the provisions of Sect	ions 607.0502 an	d 607.1508 Florida Sta	lules, the at	DOVE	-named o	cornoration submits this statement for the	nurpose ol	changir	na its registered	;-	
office or re agent. I a	egistered agent, or both m familiar with, and acce	, in the State of F ept the obligation	lorida. Such change was of, Section 607.0505,	s authorized Florida State	l by utes	the corp	corporation submits this statement for the poration's board of directors. Thereby acce	of the app	ointment	as registered		
SIGNATURE	Signalure, typod or ponted name			1011 ft	455		required when reinstating)	DATE			Ì	
12,		FFICERS AND DI	Name	101E Megisiered	Agn	nt sigrative r	ADDITIONS/CHANGES TO OFFI		DIREC	TORS IN 12	~ @	
TITLE	D		☐ DELETE	1.170	LE	T			Chan		S	
NAME	KLEIM, PATRICIA J			1.2 NA	ME						3	
STREET ADDRESS	7073 SHORE DRIVE			1351	REET	ADDRESS					ြင်း	
CITY-ST-ZIP	ST. PETERSBURG F	L 33707		1.4 DC	Y-S	I - ZIP					_]£	
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NAME				2.2 NA	ME	1					-	
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STREET ADDRESS						ADDRESS					ĺ	
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NAME			Em Dittie	4. 2 N/					LJ OHA!	ge	<u> </u>	
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CITY-ST-ZIP				4.4 Ci							Ì	
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NAME				5.2 NA	ME	}				•	İ	
STREET ADDRESS				5.3 \$1	REET	ADDRESS						
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TITLE			DETETE	6.1 TH					Chan	ge 🔲 Addition	1	
NAME				6.2 NA	ΜĒ							
STREET ADDRESS				6 3 \$1	REE1	ADSRESS						
CITY-ST-ZIP				6.4 CI								
14. I do heret	by certify that the information	ation supplied wil	h this filing does not qu	alify for the	oxe	mption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further	certify t	hat the	7	

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 eath; that I am an officer or director of the conoration 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 of ghanged, or on an attachment with an address.