

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000091845 (3)**

1. Corporation Name
SPIRIT GEAR, INC.



Principal Place of Business 71 SW 32 STREET GAINESVILLE FL 32607	Mailing Address P.O. BOX 15267 GAINESVILLE FL 32604-5267
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2. Principal Place of Business 21 3161 NW 13 ST Suite, Apt. #, etc. 22 GAINESVILLE, FL City & State 23 32609 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 11/04/1996		3a. Date of Last Report	
25		30		4. FEI Number 59-3408868		Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THORP, JAMES G 3402 NW 7TH AVE GAINESVILLE FL 32607		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	
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM THORP	1.2 NAME	
STREET ADDRESS	3402 NW 7 AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY THORP	2.2 NAME	
STREET ADDRESS	3402 NW 7 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCELOUS HARRIS	3.2 NAME	
STREET ADDRESS	71 SW 32 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRELL BAGBY	4.2 NAME	
STREET ADDRESS	71 SW 32 ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	4.4 CITY - ST - ZIP	
TITLE	SEC / TRES <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RHETT LEWIS	5.2 NAME	
STREET ADDRESS	71 SW 32 ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 32607	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE: Rhett Lewis **RHETT LEWIS** **SEC/TRES** **1-10-97** **352-374-8958**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)