

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000091845 (3)

1. Corporation Name
SPIRIT GEAR, INC.

Principal Place of Business

3161 N.W. 13 STREET
GAINESVILLE FL 32609
US

Mailing Address

P.O. BOX 15267
GAINESVILLE FL 32604



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1996	
21 350 NW 39 AVE	26	Suite, Apt. #, etc.		4. FEI Number 59-3408868	Applied For Not Applicable
22 SUITE D	27	City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 GAINESVILLE, FL	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32609	25 US	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THORP, JAMES G 3402 NW 7TH AVE GAINESVILLE FL 32607				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, JIM	1.2 NAME	
STREET ADDRESS	3402 N.W. 7 AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32607	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, KELLEY	2.2 NAME	
STREET ADDRESS	3402 NW 7 AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32607	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, MARCELOUS	3.2 NAME	
STREET ADDRESS	71 S.W. 32 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32607	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGBY, DARRELL	4.2 NAME	
STREET ADDRESS	71 S.W. 32 STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32607	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RHETT	5.2 NAME	
STREET ADDRESS	71 S.W. 32 STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32607	5.4 CITY - ST - ZIP	
TITLE		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 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 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 is on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature] RHETT LEWIS 1/15/98 3:02:31 PM

CR2E034 (10/97)