## 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 # P96000092689 (4)
LINDA SPIVEY, INC.

Principal Place of Business

Mailing Address

## FILED Jan 15 1998 8:00am Secretary of State



522 HWY. 92, SUITE 1 522 HWY. 92. SUITE 1 AUBURNDALE FL 33823 AUBURNDALE FL 33823 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3447926 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 Personal Property Tax due June 30. ☐ Yes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPIVEY, LINDA 81 522 HWY. 92, SUITE 1 Street Address (P.O. Box Number is Not Acceptable) **AUBURNDALE FL 33823** 84 City Zip Code 85 FL 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 DELETE Change Addition 1.1 TITLE TITLE SPIVEY, LINDA 1.2 NAME NAME 1310 CARR DRIVE STREET ADDRESS 1.3 STREET ADDRESS AUBURNDALE FL 33823 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME

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 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.

3.3 STREET ADDRESS

3.4. CITY - ST - ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STATUTE BEQUIRED

DELETE

☐ DELETE

☐ DELETE

1-5-98 941-967-8507

\_\_\_ Change

Change

Change

Addition

Addition

☐ Addition

CR2E034 (10/97)