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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000101463 (3)

FILED Apr 17 1997 8:00am Secretary of State

| DOUG SPIERING, INC. Principal Place of Business Marting Address 3204 SARDINIA TERRACE 3204 SARDINIA TERRACE DELTONA FL 32738 DELTONA FL 32738-6834 | | | | | | | | |
|--|--|---|---|--|---|-----------------------------|--------------------------------------|---|
| | | | | | 3. Date Incorporated or Qualified 12/16/1996 | 3a. Date of | Last Re | port |
| -n · | Place of Business | 2a. Mailing Address | ***** | | 4. FEI Number | . 0 | | ofied For |
| Suite, Apt. | # clo | Suite, Apt #, etc. | | | 74-241 40- | 78 | | Applicable dditional |
| 30110, Apr. | *, 616. | 27 | | | 5. Certificate of Status Desired | | Fee Rec | |
| City & Star | ite | City & State | | , 1914 A | 6. Election Campaign Financing | | 5.00 h | |
| <u> </u> | | 28 | | | Trust Fund Contribution | | Added to | Fees |
| <i>Z</i> ⊮p ∃ | Country | Zip | Cour | ntry | 8. This corporation has liability for i | ntangible fax u Yes 🚺 No | | 199.032. |
| <u>.</u> | 25 9. Name and Address of Curre | 29 ent Registered Agent | 30] | | Florida Statutes 10. Name and Address of New Re | TX | | |
| SPI | ERING, DOUGLAS W | | | 81 Name | | | | |
| | 4 SARDINIA TERRACE | | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | le) | | |
| DEL | TONA FL 32738 | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | 1 | 63 | | | | |
| | | | Ī | 64 City | | FL 85 | Zip C | ode |
| | registered agont, or both, in the Stat am familiar with, and accept the obli | te of Florida. Such change wa gations of, Section 607.0505, | as authorized Florida Statu | by the corporalites. | rporation submits this statement for the p ation's board of directors. I hereby accep | the appointm | nent as r | registered |
| SIGNATURE | Figs alon , typed or profed rain is of registered a OFFICERS A | igent and trile if applicable. (F | NOTE: Registered | Agent signature requ | ation's board of directors. I hereby acception when reinstating) ADDITIONS/CHANGES TO OFFICE | DATE CERS AND DIR | ECTORS | S IN 12 |
| SIGNATURE 12. | Signature, typed or profed ramic of registered a OFFICERS AI | gent and tille if applicable. (f | NOTE: Registered 13. | Agent signature requ | uired when reinstating) | DATE CERS AND DIR | | S IN 12 |
| BIGNATURE I 12. ITLE VAME | Nay alive, typed or printed name of registered a OFFICERS AID SPIERING, DOUGLAS W | igent and trile if applicable. (F | NOTE: Registered 13. 1.1 YITI | Agent signature requ LE | uired when reinstating) | DATE CERS AND DIR | ECTORS | S IN 12 |
| SIGNATURE 12. THE NAME SIREFF ADDRESS | Figrature, typed or profiled name of registered a OFFICERS AT D SPIERING, DOUGLAS W | igent and trile if applicable. (F | 13. 1.1 1111 1.2 NA 1.3 STF | Agent signature requ | uired when reinstating) | DATE CERS AND DIR | ECTORS | S IN 12 |
| BIGNATURE 12. 1TLF NAME BIREFT ADDRESS DITY-S2-ZIP | OFFICERS AT D SPIERING, DOUGLAS W 3204 SARDINIA TERRACE DELTONA FL 32738 | igent and trile if applicable. (F | 13. 1.1 1111 1.2 NA 1.3 STF | Agent signature requ LE ME REET ADDRESS Y- ST- ZIP | uired when reinstating) | DATE ERS AND DIR | ECTORS | S IN 12 |
| SIGNATURE 12. ITLE HAME SIREEF ADDRESS SITY-S2-7IP ITLE KAME | OFFICERS AT D SPIERING, DOUGLAS W 3204 SARDINIA TERRACE DELTONA FL 32738 D SPIERING, EDITH M | gent and title if approable. (F ND DIRECTORS DELETE | NOTE: Registered 13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI | Agent signature required. LE ME SEET ADDRESS Y-S1-ZIP LE ME | uired when reinstating) | DATE ERS AND DIR | ECTORS Change | S IN 12 |
| SIGNATURE 12. THE TAME THEFF ADDRESS THY-SY-ZIP THE TAME TAME TAME THEFF ADDRESS | OFFICERS AT OFFI | gent and title if approable. (F ND DIRECTORS DELETE | 13. 1.1 1171 1.2 NA 1.3 STF 1.4 Ci7 2.1 1171 2.2 NAI 2.3 STF | Agent signature required to the signature re | uired when reinstating) | DATE ERS AND DIR | ECTORS Change | S IN 12 |
| SIGNATURE 12. ITLE HAME SIREFF ADDRESS SITY-S2-ZIP HAME STREET ADDRESS DITY-S1-ZIP | OFFICERS AT D SPIERING, DOUGLAS W 3204 SARDINIA TERRACE DELTONA FL 32738 D SPIERING, EDITH M | gent and title if approable. (F ND DIRECTORS DELETE | 13. 1.1 1171 1.2 NA 1.3 STF 1.4 Ci7 2.1 1171 2.2 NAI 2.3 STF | Agent signature required to the signature re | uired when reinstating) | DATE CERS AND DIR | ECTORS Change | S IN 12 |
| SIGNATURE 12. THE NAME SIREFI ADDRESS CHY-S2-ZIP THE NAME STREET ADDRESS CHY-S1-ZIP THE | OFFICERS AT OFFI | egent and trie if approachle. (PND DIRECTORS DELETE | 13. 1.1 1171 12 NA 1.3 STF 1.4 Ci7 2.1 1171 2.2 NA 2.3 STF 2.4 Ci7 | Agent signature required to the signature re | uired when reinstating) | DATE CERS AND DIR | ECTORS Change Change | S IN 12 Addition Addition |
| SIGNATURE 12. IIILE NAME SIREFF ADDRESS DITY-S2-ZIP TITLE NAME STREET ADDRESS DITY-S1-ZIP TITLE NAME | OFFICERS AI D SPIERING, DOUGLAS W 3204 SARDINIA TERRACE DELTONA FL 32738 D SPIERING, EDITH M 3204 SARDINIA TERRACE DELTONA FL 32738 | egent and trie if approachle. (PND DIRECTORS DELETE | NOTE Registered 13. 1.1 TITI 12 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI | Agent signature required to the signature re | uired when reinstating) | DATE CERS AND DIR | ECTORS Change Change | S IN 12 Addition Addition |
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4. 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 of Block 3 if changed, or on an attachment with an address.

SIGNATURE

HATCHE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OF DIRECTOR

407341 7416 Daytime Phone # 0000700