

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90157 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000036078**

1. Corporation Name  
**SPIC FINANCIAL CORPORATION**



Principal Place of Business  
**3600 N.W. 43RD STREET  
STE. F-2  
GAINESVILLE FL 32606  
US**

Mailing Address  
**3600 N.W. 43RD STREET  
STE. F-2  
GAINESVILLE FL 32606  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/22/1997**

4. FEI Number

**59-3454493**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAKE, FRANK J III  
3600 N.W. 43RD STREET  
STE. F-2  
GAINESVILLE FL 32606**

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 ☐ DELETE  
NAME **CD**  
STREET ADDRESS **PARILLO, WILLIAM J**  
CITY-ST-ZIP **40 BAYBROOK LANE  
OAKBROOK IL 60521**

1.1 TITLE **C/O** ☒ Change ☐ Addition  
1.2 NAME **PARILLO, William J**  
1.3 STREET ADDRESS **40 Baybrook Lane**  
1.4 CITY-ST-ZIP **Oak Brook IL 60521**

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **BURDEMAN, ROBERT M**  
CITY-ST-ZIP **35 GREENHOUSE DR  
PRINCETON NJ 08540**

2.1 TITLE **P/O** ☒ Change ☐ Addition  
2.2 NAME **BORDEMAN, ROBERT M**  
2.3 STREET ADDRESS **811 West Hickory**  
2.4 CITY-ST-ZIP **Hinsdale, IL 60521**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **PARRILLO, WILLIAM G**  
CITY-ST-ZIP **1024 MISTWOOD LANE  
DOWERS GROVE IL 60515**

3.1 TITLE **V/O** ☒ Change ☐ Addition  
3.2 NAME **PARRILLO, WILLIAM G.**  
3.3 STREET ADDRESS **735 South Adams**  
3.4 CITY-ST-ZIP **Hinsdale, IL 60521**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **LACE, FRANK J III**  
CITY-ST-ZIP **10514 S.W. 51ST LANE  
GAINESVILLE FL 32608**

4.1 TITLE **V/O** ☒ Change ☐ Addition  
4.2 NAME **LAKE, FRANK J III**  
4.3 STREET ADDRESS **10514 SW 51st Lane**  
4.4 CITY-ST-ZIP **GAINESVILLE, FL 32608**

TITLE ☐ DELETE  
NAME **VSD**  
STREET ADDRESS **GRAY, SCOTT D**  
CITY-ST-ZIP **4830 N.W. 43RD ST, I-127  
GAINESVILLE FL 32606**

5.1 TITLE **V/SO** ☒ Change ☐ Addition  
5.2 NAME **GRAY, SCOTT D**  
5.3 STREET ADDRESS **1034 NW 90th Drive**  
5.4 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **WILSON, ROBERT J**  
CITY-ST-ZIP **5114 S.W. 82ND TERRACE  
GAINESVILLE FL 32608**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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, with a letter like empowered.

SIGNATURE:

*Frank J Lake III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-99**  
Date

**(352) 337-1415**  
Daytime Phone #

CR2E034 (11/98)

0062306