

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

FILED

May 12 1998 8:00am
Secretary of State

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

DOCUMENT # P97000053489 (5)

1. Corporation Name

THE SPACEBOY CORP.

Principal Place of Business

430 SHERWOOD AVE
SATELLITE BEACH FL 32937

Mailing Address

430 SHERWOOD AVE
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1997

4. FEI Number

59-3454877

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 245 Sunrise Ave

26 245 Sunrise Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Satellite Beach, FL

28 Satellite Bch, FL

Zip

Country

Zip

Country

24 32937

25 Broward

29 32937

30 Broward

9. Name and Address of Current Registered Agent

BLOMSTROM, TIM
281 SEAGULL DRIVE
SATELLITE BEACH FL 32937

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

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

4/31/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
STREET ADDRESS BLOMSTROM, TIM
CITY-ST-ZIP 430 SHERWOOD AVE
SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME D
STREET ADDRESS ERICKSON, THOR
CITY-ST-ZIP 430 SHERWOOD DRIVE
SATELLITE BEACH FL 32937

TITLE ☒ DELETE

NAME D
STREET ADDRESS DARLOW, MIKE
CITY-ST-ZIP 245 SUNRISE AVE
SATELLITE BEACH FL 32937

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P/S
1.3 STREET ADDRESS Blomstrom, Tim
1.4 CITY-ST-ZIP 281 Seagull Dr.
Satellite Beach, FL 32937

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V/T
2.3 STREET ADDRESS Erickson, Thor
2.4 CITY-ST-ZIP 430 Sherwood Dr.
Satellite Beach, FL 32937

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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.

SIGNATURE:

T. D. Blomstrom

4/31/98 (407) 779-2152

CR2E034 (10/97)