

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90086 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000054366**

1. Corporation Name
SPELLMAN ASSOCIATES, INC.



Principal Place of Business 671 HOLBROOK CR. LAKE MARY FL 32746	Mailing Address 671 HOLBROOK CR. LAKE MARY FL 32746
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Semivale Co		2a. Mailing Address 26 671 Holbrook CR		3. Date Incorporated or Qualified 06/19/1997	
Suite, Apt. #, etc. 22 671 Holbrook CR		Suite, Apt. #, etc.		4. FEI Number 59-3465199	
City & State 23 LAKE MARY FL		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32746		Country 25 Semivale		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Zip 29		Country 30	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SPELLMAN, JAMES 671 HOLBROOK CR. LAKE MARY FL 32746		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	
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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 607.0504, Florida Statutes.

SIGNATURE **James C. Spellman CEO Base** (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> VP <input type="checkbox"/> DELETE	NAME SPELLMAN, CHARLOTTE W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 671 HOLBROOK CR LAKE MARK	CITY-STATE-ZIP LAKE MARY FL 32746	1.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME President	1.3 STREET ADDRESS	
STREET ADDRESS Spellman James Cap	CITY-STATE-ZIP 671 Holbrook CR	1.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME LAKE MARY FL 32746	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	2.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	2.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	3.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	3.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	4.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	5.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-STATE-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-STATE-ZIP	6.4 CITY-STATE-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 all other like empowered.

SIGNATURE: **James C. Spellman** DATE: **4/1/99** TIME: **407 303 0355**