**FILED** 

May 06, 1999 8:00 am Secretary of State

05-06-1999 90046 049 \*\*\*150.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000073507

1. Corporation Name

Principal Place of Business

S.P.S. CONTRACTING, INC.

7150 20TH STR	EET	PO BOX 650116 VERO BEACH FL 32965			
VERO BEACH F	FL 32966	US		DO NOT WRITE IN THIS	SPACE
US				3. Date Incorporated or Qualifed 08/25/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box 690	115	65-0776401	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	.,, -		\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 VERO BEA	OH,FI	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year In	tangible
24	25	29 32969-0115 30	14DIAJ PIDER	Personal Property Tax.	☐ Yes 🔏 No
	9. Name and Address of Current			10. Name and Address of New Registered	Agent
CHITTL DEPODALLS					
SMITH, DEBORAH S				ess (P.O. Box Number is Not Acceptable)	
120 130TH AVE.			Street Addit	21 7150 204 Street	Suite "N'
VERO BEACH FL 32968			83	1730 00 - 210021	
			84 City	0 - 1	85 Zip Code
			4 -	ea Bch, Fl	_ 32966
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE. Re  12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	SMITH, DENNIS L	_	1.2 NAME		
STREET ADDRESS	120 130TH AVE.		1.3 STREET ADDRESS		
	VERO BEACH FL 32968		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
	SMITH, DEBORAH S		2.2 NAME		
NAME	120 130TH AVE.		2.3 STREET ADDRESS		
STREET ADDRESS			<b>.</b>		
CITY-ST-ZIP	VERO BEACH FL 32968	☐ DELETE	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		□ nere it	3.1 TITLE		
NAME		!	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ or err	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY- ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	
CiTY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 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 attact then with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP