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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076263 (7)

PHOENIX SPECULATORS, INC.

## FILED Apr 20 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2114 20TH AVE. NORTH 2114 20TH AVE. NORTH ST. PETERSBURG FL 33713 ST. PETERSBURG FL 33713 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1997 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAYCRAFT, RAYMOND 2114 20TH AVE. NORTH Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33713 83 84 City 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition NAME CRAYCRAFT, TIMOTHY D 1.2 NAME 2100 20TH AVE. NO. STREET ADDRESS 1.3 STREET ADDRESS **\$**T. PETERSBURG FL 33713 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE CRAYCRAFT, RAYMOND NAME 2.2 NAME STREET ADDRESS 2114 20TH AVE. NORTH 2.3 STREET ADDRESS \$T. PETERSBURG FL 33713 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 TITLE CRAYCRAFT, BRENDA NAME 3.2 NAME 7512 BRIDLE DR. STREET ADDRESS 3.3 STREET ADDRESS PLANT CITY FL 33566 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY+ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 chapted, or on an artificiant with an address.

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