

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90059 018 ***150.00

DOCUMENT # S20641

1. Corporation Name
KUSKY & SPEAR INC.

Principal Place of Business
6810 NW 111TH LANE
ALACHUA FL 32615
US

Mailing Address
P. O. BOX 140575
GAINESVILLE FL 32614-0575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/20/1990

4. FEI Number
59-3043746

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
21 2225 NW 66 Ct.
Suite, Apt. #, etc.

2a. Mailing Address
26 2225 NW 66 Ct.
Suite, Apt. #, etc.

23 City & State
Gainesville FL

28 City & State
Gainesville FL

24 Zip 32653 25 Country USA

29 Zip 32653 30 Country USA

9. Name and Address of Current Registered Agent

KUSKY, GEORGE
6810 NW 111 LANE
ALACHUA FL 32615

10. Name and Address of New Registered Agent

81 Name Allan Spear III
82 Street Address (P.O. Box Number is Not Acceptable)
6810 NW 111 Lane
83
84 City Alachua FL 85 Zip Code 32615

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)

1/12/98
DATE

12. OFFICERS AND DIRECTORS

TITLE VT
NAME KUSKY, GEORGE
STREET ADDRESS 226 SW 80TH BLVD
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE PS
NAME SPEAR, ALLAN III
STREET ADDRESS 6810 NW 111TH LANE
CITY-ST-ZIP ALACHUA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99 (352) 337-0713
Date Daytime Phone #

CR2E034 (1/98)