

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

APPROVED  
AND  
FILED

96 OCT -7 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000001968850  
-10/09/96--01034--004  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # S26057  
1. Corporation Name  
**Spectrum Resources, Inc.**

Principal Place of Business: **Post Office Box 10408 Tallahassee, FL 32302**  
Mailing Address: **Post Office Box 10408 Tallahassee, FL 32302**

2. Principal Place of Business: **402 Plantation Road Tallahassee, FL 32303**  
2a. Mailing Address: **P. O. Box 10408 Tallahassee, FL 32302**

3. Date Incorporated or Qualified: **1/18/91**  
3a. Date of Last Report: **5/22/95**  
4. FEI Number: **59-3059940**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**Maddox, Scott C.  
402 Plantation Road  
Tallahassee, FL 32303**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>Maddox, Scott C.</b>	
STREET ADDRESS	<b>402 Plantation Road</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>	<input checked="" type="checkbox"/>
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>Bakotic, Scott D.</b>	
STREET ADDRESS	<b>1112 Pinecrest Drive</b>	
CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P,T,D,S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Maddox, Scott C.</b>		
1.3 STREET ADDRESS	<b>402 Plantation Road</b>		
1.4 CITY-ST-ZIP	<b>Tallahassee, FL 32303</b>	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **10/4/96** DAYTIME PHONE: **904-222-4882**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

*Handwritten signature/initials*