

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:28

DOCUMENT # **S53005** (2)

1. Corporation Name
SPRASCO, INC.

Principal Place of Business: ~~812 CEDAR STREET~~ **3660 ST. AUGUSTINE RD.** JACKSONVILLE FL 32207
Mailing Address: ~~812 CEDAR STREET~~ **3660 ST. AUGUSTINE RD.** JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/16/1991	3a. Date of Last Report 03/14/1994
4. FEI Number 59-3069064	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business State Apt # etc	26. Mailing Address State Apt # etc
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**SASSER, DOUGLAS M.
812 CEDAR STREET
JACKSONVILLE FL 32207**

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 607.0301 and 607.0302, Florida Statutes, the undersigned hereby certifies the statement of this purpose of changing its registered office or registered agent is true to 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 607.0303, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME	P SASSER, DOUGLAS M. 1345 NIRA STREET JACKSONVILLE FL	1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		2. STREET ADDRESS	812 CEDAR ST. JACKSONVILLE, FLA. 32207
CITY		3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5. ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
COUNTRY		6. COUNTRY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
APPOINTMENT DATE		7. APPOINTMENT DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
RESIGNATION DATE		8. RESIGNATION DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TERMINATION DATE		9. TERMINATION DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DEPARTMENT		10. DEPARTMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE		11. OFFICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE		12. PHONE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
FAX		13. FAX	<input type="checkbox"/> Change <input type="checkbox"/> Addition
EMAIL		14. EMAIL	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is a true and correct copy of the information required by the Florida Statutes, and that the corporation is in compliance with the provisions of the Florida Statutes, and that my name appears on the list of the officers and directors of the corporation.

SIGNATURE:
SIGNATURE AND TITLE OF REGISTERED AGENT: **DOUGLAS M. SASSER**

1-9-95 904) 399-1020