

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

FILED
 Jul 15 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # S53005 (2)
 1. Corporation Name
 SPRASCO, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 812 CEDAR STREET, 3660 ST AUGUSTINE RD, JACKSONVILLE FL 32207 US

Mailing Address: 812 CEDAR STREET, 3660 ST AUGUSTINE RD, JACKSONVILLE FL 32207 US

3. Date Incorporated or Qualified: 05/16/1991

4. FEI Number: 59-3069064

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 3660 St. Augustine Rd., Jacksonville, FL 32207 USA

2a. Mailing Address: 26 3660 St. Augustine Rd., Jacksonville, FL 32207 USA

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 Douglas M. Sasser, 951 Saratoga Rd., Jacksonville, FL 32207

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: _____ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SASSER, DOUGLAS M	1.2 NAME	Douglas M. Sasser
STREET ADDRESS	812 CEDAR ST	1.3 STREET ADDRESS	951 Saratoga Rd.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		2.1 TITLE	V
NAME		2.2 NAME	John A. Moore
STREET ADDRESS		2.3 STREET ADDRESS	835 LaSalle St.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 119.03(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.

SIGNATURE: _____

CR2E034 (5/98)

7.3.98
 (904) 399-1020