

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

FILED

59 JUL 29 AM 10:22

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

0039023

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S53005</b> ✓		
1. Corporation Name <b>SPRASCO, INC.</b>		



Principal Place of Business <b>3660 ST AUGUSTINE RD JACKSONVILLE FL 32207 US</b>	Mailing Address <b>3660 ST AUGUSTINE RD JACKSONVILLE FL 32207 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified <b>05/16/1991</b>	Applied For Not Applicable
4. FEI Number <b>59-3069064</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent	
<b>SASSER, DOUGLAS M 951 SARATOGA RD JACKSONVILLE FL 32207</b>	

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 re-appointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASSER, DOUGLAS M</b>	1.2 NAME	
STREET ADDRESS	<b>951 SARATOGA RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JOHN R</b>	2.2 NAME	
STREET ADDRESS	<b>835 LASALLE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32207</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119.07(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, the signature of an officer or director of the corporation, or the receiver, if I am not empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change is made as an attachment with an address with all other like empowered

SIGNATURE: Douglas M. Sasser 5-3-99 904-399-1020  
Signature and typed or printed name of signing officer or director Date Day me Phone #

CR2E034 (11/98)

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**BDH**

*Accounting, Tax and Financial Group*

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3033 Hartley Road  
Suite # 2  
Jacksonville, FL. 32257  
Phone # 1-904-886-1997  
Fax # 1-904-886-1998

July 20, 1999

Division of Corporations  
Annual reports filings  
PO Box # 1500  
Tallahassee, FL 32302-1500

Subject: Corporation Annual Report  
Sprasco, Inc.  
S53005

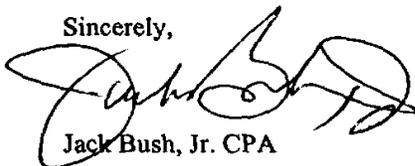
Dear Sirs,

I request that the client be allowed to pay the early filing fee of \$150.00 without additional penalty. *The original accountant died during the year, subsequently the firms clients were sold during tax season. Many records were missing or misplaced by the interim management or were on computers that the firm no longer had access to. During the year of 1998 prior to his death the accountant did not function well due to his condition and did not complete or deliver to complete some records.*

The client has reasonable cause for the late return and he exercised due care.

Please find enclosed a check in the amount of \$150.00.

Sincerely,



Jack Bush, Jr. CPA