

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S62007

(7)

1. Corporation Name

SPRADLING ENTERPRISES, INC.

Principal Place of Business

**292 S MILITARY TRAIL
DEERFIELD BCH. FL 33442**

Mailing Address

**292 S MILITARY TRAIL
DEERFIELD BCH. FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/20/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0277950	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Outright Exemption Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 190.012 Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

**SPRADLING, ANDREA
2802 SW 8TH ST.
BOYNTON BCH. FL 33435**

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 607.1506, 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

(Type or print name of registered agent and title if applicable)

(Signature of registered agent required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	SPRADLING, ANDREA	12 NAME	
STREET ADDRESS	2802 SW 8TH ST.	13 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BCH. FL	14 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE	DP	21 TITLE	
NAME	SPRADLING, MARK	22 NAME	
STREET ADDRESS	2802 SW 8TH ST	23 STREET ADDRESS	
CITY, ST, ZIP	BOYNTON BCH FL	24 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	☐ Change ☐ Addition
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), Florida Statutes. I further certify that the information submitted 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 assignee authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or additions attached with this report.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6/29/95 (305) 426-4443

CR2E034 (3/95)