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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S62007 (7)

SPRADLING ENTERPRISES, INC.

Secretary of State

FILED

Feb 02 1998 8:00am

| | 2.00 | , , , , , , , , , , , , , , , , , , , , | | | | | | ļ | | | | | |
|-----------------------------|------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|---------------------------------------|-------------|-------------------|------------------------|-------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|-----------------|-------------|
| Principal Plac | ce of Business | Mailing A | Mailing Address | | | | | 1 18831014 110 0 | | (8)1 81811 81811 | 01011 0 1011 0101 | II BIBII IODI | |
| 292 S MILITA DEERFIELD E | ARY TRAIL BCH. FL 33442 | | 292 S MILITARY TRAIL DEERFIELD BCH. FL 33442 | | | | | | DO NOT WRI | TE IN THIS ! | SPACE | | |
| | | | | | | | | ŀ | 3. Date Incorpor | | | | |
| | | | | | | | | | 06/20/199 | 1 | | | |
| 2. Principal F | Place of Business | 2a. Mailin | 2a. Mailing Address | | | | | 4. FEI Number | | | I Aı | oplied For | |
| 21 | | 26 | 26 | | | | | 65-02779 | 950 | | No | ot Applicable | |
| Suite, Apt. | . #, etc. | 27 | 1 Total | | | | | 5. Certificate of | Status Desired | | Fee Required | | |
| City & Sta | ite | — <u> </u> | City & State | | | | | 6. Election Camp | | | | May Be | |
| 23 | | 28 | Zip Country | | | | Trust Fund Co | | | Added | | | |
| Zip | | Country | | 29 30 | | | Strift y | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No | | | | |
| 24 | 25 9. Name and | Address of Cur | rrent Registered A | gent | 1301 | <u> </u> | | J | 10. Name and A | | | | |
| en | PRADLING, AND | | | | ····· | 81 | Name | | | | | | |
| | 102 SW 8TH ST. | | | | | 82 | Ctroot | Addror | ss (P.O. Box Numb | or is Not Accord | table) | | |
| | OYNTON BCH. F | | | | | 311661 | Addres | 55 (F.O. BOX NUMB | er is Not Accept | (able) | | | |
| | 3 1111 O 11 DO 11. 1 | 2 00 100 | | | | 83 | | | | | | | |
| | | | | | | 84 | City | | | | | 85 Zip | Code |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | <u>FL</u> | | |
| office or | registered agent. | or both, in the Si | 0502 and 607.1506 late of Florida. Suc oligations of, Section | h change was | authoriz | ed by | the cor | poration | ration submits this n's board of directo | statement for the ors. I hereby acc | e purpose or cept the app | ointment as | registered |
| SIGNATURE | Cloneture typed or pro | name of registryon | agent and title if applical | ole /NO | IF Register | red Aner | nt signature | e required | when reinstating) | | DATE | | |
| 12. | organicas, typed or pan | | AND DIRECTORS | , (110 | 13 | - | . Ograda | | | ANGES TO OF | | DIRECTOR | RS IN 12 |
| TITLE | DS | | | DELETE | 1.1 | TITLE | • | | | | | ☐ Change | Addition |
| NAME | SPRADLING | , andrea | | | 12 | NAME | | | | | | | |
| STREET ADDRESS | 2802 SW 81 | TH ST. | | | 1.3 | STREET | address | | | | | | |
| CITY-ST-ZIP | BOYNTON E | 3CH, FL | | | 1.4 | CITY-ST | T- ZIP | | | | | _ | |
| TITLE | DP | | | ☐ DELETE | 21 | TITLE | | | | | | Change | Addition |
| NAME | SPRADLING | | | | | NAME | | | | | | | |
| STREET ADDRESS | | | | | 4 | | ADDRESS | | | | | | |
| CITY-ST-ZIP | BOYNTON E | SCH FL | | DELETE | | I CITY-S TITLE | T-ZIP | | | | | Change | Addition |
| TITLE NAME | | | | ☐ been | - 1 | NAME | | | | | | onange | |
| STREET ADDRESS | | | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | | . CITY - S | | | | | | | |
| TITLE | | | | DELETE | | TITLE | · - ; · · - | 1 | | | | Change | Addition |
| NAME | | | | | 4. 2 | NAME | | | | | | | |
| STREET ADDRESS | | | | | 4.3 | STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | l . <u></u> | | | | 4.41 | CITY-ST | 1 - 71P | <u> </u> | | | | | |
| TITLE | | | | DELETE | 5.1 | TITLE | | | | | | Change | Addition |
| NAME | | | | | 5.2 | NAME | | | | | | | |
| STREET ADDRESS | | | | | | | ADORESS | | | | | | |
| CITY-ST-ZIP | ļ | | | DELETE | _ | CITY - SI | I - ZIP | | | | | Change | Addition |
| TITLE | | | | ☐ DETEIR | | TITLE | | | | | | Change L. | |
| NAME | | | | | | NAME PARCET | Y DODECC | | | | | | |
| STREET ADDRESS | | | | | | STREET A | ADORESS | | | | | | |
| CITY-ST-ZIP 14. I hereby | L certify that the infe | ormation supplie | d with this filing do | es not qualify t | for the ex | xempt | ion state | ed in Se | ection 119.07(3)(i), | Florida Statutes | . I further ce | ertify that the | information |
| Indicated officer or | d on this annual re r dir ect or of the co | port or supplement or the l | tronor leurane tetro | is true and ac empowered⊿to | curata a | nd tha | at mu eic | anatura | shall have the san ed by Chapler 607 | re legal effect as | s il made un | der oath: th: | atiam an |