

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S63040

(7)

WC
3/25/96

1. Corporation Name

~~SPONDO, LTD., INC.~~
E & M FIRESTONE ASSOCIATES, INCORPORATED

Principal Place of Business

Mailing Address

1080 94TH STREET
SUITE 211
BAY HARBOR ISLS FL 33154
US
2045 LA VALLEY LANE
DELAND, FL 32720

~~P.O. BOX 100~~ PLACE OF BUSINESS
~~SUGARLOAF SHORES FL 33044~~
US



2. Principal Place of Business

21 2045 LA VALLEY LANE

Suite, Apt. #, etc.

22 DELAND, FL

City & State

23 32720 VOLUSIA

Zip

Country

24

2a. Mailing Address

26 SAME AS #2

Suite, Apt. #, etc.

27 " " "

City & State

28 " " "

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FIRESTONE, ELAINE B.
1080 94TH STREET
BAY HARBOR ISLAND FL 33154
2045 LA VALLEY LANE
DELAND, FL 32720

3. Date Incorporated or Qualified

06/24/1991

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0288676

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 607.1508, 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: M. E. F. C. MARTIN E. FIRESTONE Sec'y.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

5/14/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D - PRESIDENT
NAME FIRESTONE, ELAINE B.
STREET ADDRESS 1080 94TH STREET 2045 LA VALLEY LANE
CITY - ST - ZIP BAY HARBOR FL DELAND, FL 32720

TITLE D
NAME FIRESTONE, ANNE
STREET ADDRESS 1080 94TH STREET
CITY - ST - ZIP BAY HARBOR ISLAND FL

TITLE D
NAME FIRESTONE, FREDERIC D.
STREET ADDRESS 601 STIRLING ROAD
CITY - ST - ZIP SILVER SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/DIRECTOR ☒ Change ☐ Addition
1.2 NAME ELAINE B. FIRESTONE
1.3 STREET ADDRESS 2045 LA VALLEY LANE
1.4 CITY - ST - ZIP DELAND, FL 32720

2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME MARTIN E. FIRESTONE
2.3 STREET ADDRESS 2045 LA VALLEY LANE
2.4 CITY - ST - ZIP DELAND, FL 32720

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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***225.00

5/22/96
DATE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: M. E. F. C. MARTIN E. FIRESTONE Sec'y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/96 (904) 740-0031
DATE Daytime Phone #

CR2E034 (12/95)