FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S68865** **(2)**

1. Corporation Name

SPERRING ENTERPRISES, INC.

Principal Place of Business: 1805 SOUTHEAST HAWTHORNE ROAD, GAINESVILLE FL 32601

Mailing Address: 1805 SOUTHEAST HAWTHORNE ROAD, GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1991
3a. Date of Last Report: 06/22/1994

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

4. FEI Number: 59-3074819 ☐ 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

9. Name and Address of Current Registered Agent

SPERRING, TOM R., SR.
1805 S.E. HAWTHORNE ROAD
GAINESVILLE FL 32601

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 [signature] DATE 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P D	11 TITLE ☐ Change ☐ Addition
NAME	SPERRING, PHYLLIS R.	12 NAME
STREET ADDRESS	1805 SE HAWTHORNE RD.	13 STREET ADDRESS
CITY ST ZIP	GAINESVILLE FL	14 CITY ST ZIP
TITLE	ST D	21 TITLE ☐ Change ☐ Addition
NAME	SPERRING, TOM R.	22 NAME
STREET ADDRESS	1805 SE HAWTHORNE RD.	23 STREET ADDRESS
CITY ST ZIP	GAINESVILLE FL	24 CITY ST ZIP
TITLE	VP	31 TITLE ☐ Change ☐ Addition
NAME	SPERRING, RANDY W.	32 NAME
STREET ADDRESS	1505 SE HAWTHORNE RD.	33 STREET ADDRESS
CITY ST ZIP	GAINESVILLE FL	34 CITY ST ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY ST ZIP		44 CITY ST ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY ST ZIP		54 CITY ST ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY ST ZIP		64 CITY ST ZIP

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(1)(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: [signature] 4/28/95 (904) 372-8733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0412080 FP