

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S79823** (8)

1. Corporation Name  
**G.L. SPIES COMPANY, INC.**



Principal Place of Business: **8601 4TH ST., N. SUITE 305D ST. PETERSBURG FL 33702-3158 US**  
Mailing Address: **8601 4TH STREET NORTH SUITE 305D ST. PETERSBURG FL 33702-3158 US**

3. Date Incorporated or Qualified: **09/12/1991**  
3a. Date of Last Report: **02/21/1995**  
4. FEI Number: **59-3083949**  
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

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

**9. Name and Address of Current Registered Agent**

**SPIES, RICHARD  
12906 BRUSHY PINE PLACE  
TAMPA FL 33624**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                    |
|----------------------------|------------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       | <b>PD SPIES, RICHARD</b>           |
| STREET ADDRESS             | <b>12906 BRUSHY PINE PLACE</b>     |
| CITY - ST - ZIP            | <b>TAMPA FL</b>                    |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       | <b>STD SPIES, KATHLEEN C.</b>      |
| STREET ADDRESS             | <b>4681 1ST ST. NE., APT. 403</b>  |
| CITY - ST - ZIP            | <b>ST. PETERSBURG FL</b>           |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       | <b>D SPIES, GERALD L.</b>          |
| STREET ADDRESS             | <b>4681 1ST ST. N.E., APT. 403</b> |
| CITY - ST - ZIP            | <b>ST. PETERSBURG FL</b>           |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |
| TITLE                      | <input type="checkbox"/> DELETE    |
| NAME                       |                                    |
| STREET ADDRESS             |                                    |
| CITY - ST - ZIP            |                                    |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|---|---|
| 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |
| 1.3 STREET ADDRESS                                    |   |
| 1.4 CITY - ST - ZIP                                   |   |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |   |
| 2.3 STREET ADDRESS                                    |   |
| 2.4 CITY - ST - ZIP                                   |   |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |
| 3.3 STREET ADDRESS                                    |   |
| 3.4 CITY - ST - ZIP                                   |   |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |   |
| 4.3 STREET ADDRESS                                    |   |
| 4.4 CITY - ST - ZIP                                   |   |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |   |
| 5.3 STREET ADDRESS                                    |   |
| 5.4 CITY - ST - ZIP                                   |   |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME  |   |
| 6.3 STREET ADDRESS                                    |   |
| 6.4 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(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: *Kathleen C. Spies, Treasurer* 2/20/96 (813)579-0366  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (12/95)