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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # S79823

G.L. SPIES COMPANY, INC.

Principal Place of Business Mailing Address							A Life life (1) 19019 (0) 10 10 10 10 10 10 10 10 10 10 10 10 10	1 2(2)1 01011 1001	
5311 W. CRENS	SHAW ST.	5311 W. CRENSHAW STREE	1 W. CRENSHAW STREET						
TAMPA FL 3363	14-2406	TAMPA FL 33634-2406	JPA FL 33634-2406				DO NOT WRITE IN THIS SPACE		
U\$ U\$							3. Date Incorporated or Qualifed		
							09/12/1991		
2 0-111 0	ace of Business	2a. Mailing Address						Applied For	
<b>—</b> '	<b>⊢</b>	ming Address					Not Applicable		
Suite, Apt.	# ata	Suite, Apt. #, etc.					\$8.75	Additional	
	#, etc.	27					LE Contitonto of Status Desired	Required	
City & State	<u> </u>	City & State					6. Election Campaign Financing S5.0	0 May Be	
<del></del>		28					1 - 11	d to Fees	
Zip	Country	Zip	Соц	ntry	-		8. This corporation owes the current year Intangible		
	25	·	30	•			Personal Property Tax. Yes	[v]No	
24	9. Name and Address of Current		<del></del>				10. Name and Address of New Registered Agent		
		<u> </u>		81	Nam	e			
SPIES, RICHARD							(D.O. D. N. Lee in Net Associable)		
	6 BRUSHY PINE PLACE		82 Street Addres		et Addre	ress (P.O. Box Number is Not Acceptable)	į		
TAM	PA FL 33624			83				- <del>-</del>	
				84	City		FL  85  Zi	p Code	
11 Dureuant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statute	es, the at	ove	-name	ed corpo	oration submits this statement for the purpose of changing	its registered	
office or re	egistered agent or both in the State (	nt Florida. Such change was at	Jinorizea	DV 1	ine co	rporatio	on's board of directors. I hereby accept the appointment as	registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Fior	ida Stati	Ites.	•				
SIGNATURE	Signature, typed or printed name of registered agent	t and title if emilicable (NOTE	Registered	Agen	t sionatu	re required	d when reinstating) DATE		
12.	OFFICERS AN		13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECT	FORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			7	Chang	e 🔲 Addition	
NAME	SPIES, RICHARD		1,2 NAME			1			
STREET ADDRESS	12906 BRUSHY PINE PLACE		1.3 ST	REET	ADDRE:	ss			
	TAMPA FL			1.4 CITY-ST-ZIP		-		(	
CITY-ST-ZIP TITLE	STD	☐ DELETE	2.1 TITLE		) - <u>C</u> II	+	☐ Chang	e	
	SPIES, KATHLEEN C.		2.2 NAME						
NAME			2.3 STREE		r ADDDE				
STREET ADORESS	7001 101 01: NE.; 78 1: 400			2. 4 CITY-ST-ZIP		~		1	
CITY-ST-ZIP	ST. PETERSBURG FL	∏ DELETE	3.1 TITLE		51-ZIP	+	Chang	e Addition	
TITLE	D CEDALD I		3.1 IIILE						
NAME	SPIES, GERALD L.		I.		r addre				
STREET ADDRESS	4681 1ST ST. N.E., APT. 403					~			
CITY-ST-ZIP	ST. PETERSBURG FL	☐ DELETE	3.4. CITY- 4.1 TITLE		I-ZIP	+	☐ Chang	e	
TITLE			4, 2 N						
NAME								j	
STREET ADDRESS			4.3 STREE			3		]	
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5		1-ZIP	+	☐ Chang	e Addition	
I TITLE			5.1 N					_ ")	
NAME					T ADDRE	ss			
STREET ADDRESS			5.5 CI						
CITY-ST-ZIP		☐ DELETE	6.1 TT		41	+	☐ Chang	e Addition	
TITLE		CT DETEIR	6.2 NA			1			
NAME					T ADORE	90			
STREET ADDRESS			0.3 8	REE	MUUKE	ا "	• •		

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered. CITY-ST-ZIP