

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 # **S98459** (8)

1. Corporation Name
THESPI, INC.



Principal Place of Business
**760 S. BREVARD AVE. #421
COCOA BEACH FL 32931**

Mailing Address
**760 S. BREVARD AVE. #421
COCOA BEACH FL 32931**

3. Date Incorporated or Qualified
12/04/1991

3a. Date of Last Report
01/31/1995

4. FEI Number
59-3097027

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

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**KIRBY, ANNE C
760 S. BREVARD AVE. #421
COCOA BEACH FL 32931**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 of the corporation's officer or director)

(Signature of Registered Agent, if required, and date of registration)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PVS	1.1 TITLE	☐ Change ☐ Addition
2. NAME	KIRBY, ANNE C.	2.1 NAME	
3. STREET ADDRESS	760 S. BREVARD AVE. #421	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	COCOA BEACH FL 32931	4.1 CITY - ST - ZIP	
5. TITLE	TO	5.1 TITLE	☐ Change ☐ Addition
6. NAME	KIRBY, ANNE C.	6.1 NAME	
7. STREET ADDRESS	760 S. BREVARD AVE. #421	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	COCOA BEACH FL 32931	8.1 CITY - ST - ZIP	
9. TITLE		9.1 TITLE	☐ Change ☐ Addition
10. NAME		10.1 NAME	
11. STREET ADDRESS		11.1 STREET ADDRESS	
12. CITY, ST, ZIP		12.1 CITY - ST - ZIP	
13. TITLE		13.1 TITLE	☐ Change ☐ Addition
14. NAME		14.1 NAME	
15. STREET ADDRESS		15.1 STREET ADDRESS	
16. CITY, ST, ZIP		16.1 CITY - ST - ZIP	
17. TITLE		17.1 TITLE	☐ Change ☐ Addition
18. NAME		18.1 NAME	
19. STREET ADDRESS		19.1 STREET ADDRESS	
20. CITY, ST, ZIP		20.1 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96

DATE OF SIGNATURE

CR2E034 (12/95)