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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V66350 1. Corporation Name

SPECTA	CULAR RIDES, INC.							
Principal Place	e of Business	Mailing Address				T TO THE THEORY OF THE PROPERTY OF THE TRANSPORT OF THE T	1811 91911 BIBIL 81811 B	liku dibii jebi
5240 KATHLEEI		5240 KATHLEEN ROAD				· ·		
LAKELAND FL 33810 LAKELAND FL 33810								
US US					DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 10/01/1992		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
21		26				59-3144233	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 <i>A</i>	
22	·	27				G. Commond of Clause Beamon	Fee Re	quired
City_&.Stat	0	City & State	=		<del></del> ,	- 6.=Election Campaign:Financing -		May Be
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Counti	ry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registe	red Agent	
DAD	KS, JOHN PAUL		8	FI N	ame			1
	SOUTH FLORIDA AVENUE		8	2 S	reet Addre	ess (P.O. Box Number is Not Acceptable)		
	ELAND FL 33813							
LAN	ELAND FL 33013		8	3		•		
	•		.   8	4 C	itv		85 Zip (	Code
				1	-,		FLI	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statute	s, the abo	ve-na	med corpo	oration submits this statement for the purpos	e of changing its	registered
11. Pursuant office or ragent. I a	im familiar with, and accept the oblig	gations of, Section 607.0503, Floi gent and title if applicable (NOTE:	Registered Ag	es.		oration submits this statement for the purposin's board of directors. I hereby accept the a		
agent. I a SIGNATURE 12.	Im familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable (NOTE:	Registered Ag	gent sigr			E S AND DIRECTO	RS IN 12
agent, I a	Signature, typed or printed name of registered at OFFICERS A	gations of, Section 607.0503, Floi gent and title if applicable (NOTE:	Registered Ag  13.  1.1 TITLE	gent sign		when reinstating) DAT		
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered as OFFICERS A PTD HOFEDITZ, JOHN W.	gent and title if applicable (NOTE:	Registered Ag  13.  1.1 TITLE  1.2 NAME	gent sign	ature required	when reinstating) DAT	E S AND DIRECTO	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered at OFFICERS A PTD HOFEDITZ, JOHN W. 5240 KATHLEEN ROAD	gent and title if applicable (NOTE:	Registered Ag  13.  1.1 TITLE	gent sign	ature required	when reinstating) DAT	E S AND DIRECTO	RS IN 12
agent. I a SIGNATURE  12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A PTD HOFEDITZ, JOHN W. 5240 KATHLEEN ROAD LAKELAND FL	gent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE  1.2 NAME	gent sign	ature required	when reinstating) DAT	E S AND DIRECTO ☐ Change	PRS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A PTD HOFEDITZ, JOHN W. 5240 KATHLEEN ROAD LAKELAND FL	gent and title if applicable (NOTE:	Registered Ag  13. 1.1 TITLE 1.2 NAME 1.3 STRE	es.  jent sign  E  E  ET ADC  -ST-ZIP	ature required	when reinstating) DAT	E S AND DIRECTO	RS IN 12
agent. Ta SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered at OFFICERS A PTD HOFEDITZ, JOHN W. 5240 KATHLEEN ROAD LAKELAND FL VSD HOFEDITZ, CINDY C	gent and title if applicable (NOTE: AND DIRECTORS DELETE	Registered Ag  13.  1.1 TITLE  1.2 NAME  1.3 STRE  1.4 CITY-	gent sign E E ET ADC -ST-ZIP	ature required	when reinstating) DAT	E S AND DIRECTO ☐ Change	PRS IN 12
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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.

6.4 CITY-ST-ZIP

**SIGNATURE:**