



STATE OF ARIZONA CORPORATION COMMISSION



BUSINESS CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE DOMESTIC

FOR FISCAL YEAR ENDING 06/30/1996

DUE ON OR BEFORE 10/15/1996

The following information is required by A.R.S. §10-125 for all general corporations organized for profit, professional corporations, and business trusts authorized to transact business in Arizona. The Commission's authority to prescribe this form is A.R.S. §10-142. MAKE CHANGES OR CORRECTIONS WHERE NECESSARY.

Corporation File: 0746007-5
Corporation Name: JOSPER ENTERPRISES, INC.
Address: HC 30, BOX 1002

RECEIVED

OCT 21 1996

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

City, State, Zip: SEDONA, ARIZONA 86336
Domicile: ARIZONA
Type: PROFIT
Arizona Statutory Agent: JOHN F. GOODSON
Street Address: 2025 NORTH THIRD STREET
(NOT P.O. BOX) SUITE 200

City, State, Zip: PHOENIX, AZ 85004

1. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation in Arizona.

- | | | |
|-------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 16. General Consulting | <input type="checkbox"/> 31. Restaurant/Bar |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 17. Health Care | <input type="checkbox"/> 32. Retail Sales |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 18. Hotel/Motel | <input type="checkbox"/> 33. Science/Research |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 19. Import/Export | <input type="checkbox"/> 34. Sports/Sporting Events |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 20. Insurance | <input type="checkbox"/> 35. Tax Services |
| <input type="checkbox"/> 6. Attorneys at Law | <input type="checkbox"/> 21. Legal Services | <input type="checkbox"/> 36. Technology (Computer) |
| <input type="checkbox"/> 7. Banking/Finance | <input type="checkbox"/> 22. Manufacturing | <input type="checkbox"/> 37. Technology (General) |
| <input type="checkbox"/> 8. Barbers/Cosmetology | <input type="checkbox"/> 23. Medicine/Dentistry | <input type="checkbox"/> 38. Television/Radio |
| <input type="checkbox"/> 9. Construction | <input type="checkbox"/> 24. Mining | <input type="checkbox"/> 39. Tourism/Convention Services |
| <input type="checkbox"/> 10. Contractor | <input type="checkbox"/> 25. News Media | <input type="checkbox"/> 40. Transportation |
| <input type="checkbox"/> 11. Credit/Collection | <input type="checkbox"/> 26. Pharmaceutical | <input type="checkbox"/> 41. Utilities |
| <input type="checkbox"/> 12. Education | <input type="checkbox"/> 27. Publishing/Printing | <input type="checkbox"/> 42. Veterinary Medicine/
Animal Care |
| <input type="checkbox"/> 13. Engineering | <input type="checkbox"/> 28. Ranching/Livestock | <input checked="" type="checkbox"/> 43. Other <u>MANAGEMENT SERVICES</u> |
| <input type="checkbox"/> 14. Entertainment | <input type="checkbox"/> 29. Real Estate | |
| <input type="checkbox"/> 15. Farming | <input type="checkbox"/> 30. Resort | |

ACC. USE ONLY	
Fee	\$ <u>45.00</u>
Penalty	\$ _____
Total	\$ <u>45.00</u>

2. NUMBER OF EMPLOYEES: Please check one. (For statistical purposes only.)

25 or Less ☒ 26 - 100 _____ 101 - 500 _____ Over 500 _____

3. ~If appointing a new statutory agent, the new agent MUST consent to that appointment and PRESIDENT ~
~ or VICE PRESIDENT must sign this report. ~

I, (individual) or We, (corporation) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Statutory Agent Name

Address

Signature

City, State, Zip

4. **CAPITALIZATION:** (NOTE: Business Trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.)

Number of Shares Authorized	Class	Series	Par Value
100,000	Common - Voting		\$1
900,000	Common - Non-voting		\$1
Number of Shares Issued	Class	Series	Par Value
1,000	Common - Voting		\$1
14,000	Common - Non-voting		\$1

5. **OFFICERS** (If no changes since last report, check here ☐ and go on to Section 6.)

PRESIDENT: Edward A. Olson

VICE PRESIDENT: Robert A. Olson

Address: HC 30, Box 1002

Address: HC 30, Box 1002

Sedona, AZ 86336

Sedona, AZ 86336

Date taking office: 01/30/95

Date taking office: 12/18/95

SECRETARY: Joann M. Olson

TREASURER: Peri L. Ferris

Address: HC 30, Box 1002

Address: HC 30, Box 1002

Sedona, AZ 86336

Sedona, AZ 86336

Date taking office: 01/30/95

Date taking office: 12/18/95

6. **DIRECTORS** (If no changes since last report, check here ☐ and go on to Section 7.)

NAME: Edward A. Olson

NAME: Joann M. Olson

Address: HC 30, Box 1002

Address: HC 30, Box 1002

Sedona, AZ 86336

Sedona, AZ 86336

Date taking office: 01/30/95

Date taking office: 01/30/95

NAME: Scott E. Olson

NAME: Peri L. Ferris

Address: HC 30, Box 1002

Address: HC 30, Box 1002

Sedona, AZ 86336

Sedona, AZ 86336

Date taking office: 12/18/95

Date taking office: 12/18/95

7. **SHAREHOLDERS** of record holding more than 20% of any class of shares issued by the corporation or having more than 20% beneficial interest in the corporation. If none, so state.

(If no changes since last report, check here ☐ and go on to Section 8.)

NAME The SPR Trust

NAME _____

NAME _____

NAME _____

~ ~ Attach Additional Sheets if Necessary ~ ~

ADDITIONAL OFFICERS & DIRECTORSASST. SEC : JOHN F. GOODSONAddress: 2025 N. 3RD ST., #200PHOENIX, AZ 85004Date taking office: 01/30/95ASST TREA : Joann M. OlsonAddress: HC 30, Box 1002Sedona, AZ 86336Date taking office: 12/18/95

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___2nd VP : Scott E. OlsonAddress: HC 30, Box 1002Sedona, AZ 86336Date taking office: 12/18/95DIRECTOR : Robert A. OlsonAddress: HC 30, Box 1002Sedona, AZ 86336Date taking office: 12/18/95

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___

_____: _____

Address: _____

Date taking office: ___/___/___

1730 East Northern Ave.
Suite 120
Phoenix, Arizona 85020
(602) 678-7067
FAX (602) 395-0299

September 12, 1996

Arizona Corporation Commission
P.O. Box 6019
Phoenix, AZ 85005

Re: Annual report of JOSPER ENTERPRISES, INC.
As of June 30, 1996

We have compiled the statement of financial condition - balance sheet (Section H) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with standards established by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statements and, accordingly, do not express an opinion or any other form of assurance on them.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

R.C. Thornton & Company

R. C. Thornton & Company

**R.C. THORNTON
& COMPANY**

CERTIFIED PUBLIC ACCOUNTANTS

8. STATEMENT OF FINANCIAL CONDITION (Required by A.R.S. §10-125.A.9.)

Complete the following Balance Sheet; OR

- attach a copy of Schedule L, Form 1120 filed with either the Internal Revenue Service or Arizona Department of Revenue; OR
- attach a copy of the corporation's financial statement as provided to shareholders pursuant to A.R.S. §10-052.E. Books and Records; OR
- attach a copy of your Financial Report to Shareholders as required by A.R.S. §10-127; OR
- If no business conducted this fiscal year, so state.

See attached form ...

BALANCE SHEET**ASSETS**

Current Assets:

Cash	\$ 342.00
Trade notes and accounts receivable (less allowance for bad debts)	
Inventories	
Other current assets	

Total Current Assets	\$ 342.00
----------------------	-----------

Investments	
Land, buildings and other fixed assets (net of accumulated depreciation)	20,925.00
Intangible assets (net of amortization)	525.00
Loans to shareholders	2,367.00
Other assets	

Total Assets	\$ 24,159.00
--------------	--------------

LIABILITIES AND OWNERS' EQUITY

Current Liabilities:

Accounts Payable	\$
Mortgages, notes, bonds (payable in less than 1 year)	
Other current liabilities	

Total current liabilities	\$ 0.00
---------------------------	---------

Mortgages, notes, bonds (payable in more than 1 year)	
Loans from shareholders	
Other liabilities	

Total Liabilities	\$ 0.00
-------------------	---------

Capital stock:	(a) Preferred stock		
	(b) Common stock	15,000.00	15,000.00

Paid-in or capital surplus	
Less cost of treasury stock	
Retained earnings	9,159.00

Total Capital	\$ 24,159.00
---------------	--------------

TOTAL LIABILITIES and EQUITY

	\$ 24,159.00
--	--------------

See accountants' compilation report.

9.A. CERTIFICATE OF DISCLOSURE (A.R.S. § 10-128)

Has any person serving either by election or appointment as officers, directors, trustees, incorporators and persons controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation:

1. Been convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate;
2. Been convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate;
3. Been or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order:

(a) involved the violation of fraud or registration provisions of the securities laws of that jurisdiction, or

(b) involved the violation of the consumer fraud laws of that jurisdiction, or

(c) involved the violation of the antitrust or restraint of trade laws of that jurisdiction?

YES _____

NO X _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

9.B. STATEMENT OF BANKRUPTCY (A.R.S. § 10-128.01)

Are you currently in federal bankruptcy proceedings, and if so, under which chapter of federal bankruptcy law is the action filed and on what date?

Yes ____ Chapter _____ Date Filed _____ Case Number _____ No X _____

10. This report must be executed by the corporation and attested by its president, a vice-president, secretary, assistant secretary or treasurer. (If the corporation is in the hands of a receiver or trustee, it shall be executed on behalf of the corporation.)

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

By Edward A. Olson Date 10/14/96 By _____ Date _____
 Title President Title _____