SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

SPENCER ENGINE, INC.

Principal Place of Business

1114 W. CASS STREET

Mailing Address

1114 W. CASS STREET

FILED Sep 17 1997 8:00am Secretary of State



76/4)

88

TAMPA FL 33606-1309 TAMPA FL 33606-1309 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1944 2a. Mailing Address 26 P.O. BOX 261568 2. Principal Place of Business Applied For P.O. Box 59-0931201 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be A9MA7Trust Fund Contribution Added to Fees Country HILLS B Country This corporation owes or has paid the current year Intangible 33685-156825 HILLSB 33685-156830 X Yes 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name EDWARD W. SPENCER SPENCER-MCKAY, JANICE 1114 W CASS ST Street Address (P.O. Box Number is Not Acceptable) 82 TAMPA FL 33606 83 SCHOONER WAY 84 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 forces 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. Section 507.0505, Florida Statutes. SIGNATURE (NOT): Registered Agent signature required when reinstating) Signature, typed or printed name 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition MCNAMARA, JOHN NAME 1.2 NAME 1114 W. CASS STREET STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1.4 CITY - ST - ZIF PD DELETE TITLE Change 2110TLE Addition SPENCER, JANICE A. NAME 2.2 NAME 1114 W. CASS STREET STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELFTE TITLE 3.1 TITLE Change ■ Addition NAME HARDESTY, AUDREY 3.2 NAME 1114 W. CASS STREET STREET ADDRESS 3.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition DALTON, RICHARD J. NAME 4. 2 NAME 1114 W. CASS ST. STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change TITLE PS 5.1 TITLE ☐ Addition SPENCER, E. W. II NAME 5.2 NAME **1114 W CASS ST** STREET ADDRESS 5.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP 14. I do 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 his 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.