FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 380814 (4)

1. Corporation Name
SPENCER DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
631 E. CALL ST., #110 P.O. BOX 641 TALLAHASSEE FL 32302	631 E. CALL ST., #110 P.O. BOX 641 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1971
3a. Date of Last Report: 09/20/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-1398483 ☐ 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 already or elects to designate as under § 607.0505, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SPENCER, CLYDE E
2001 SARA LEE LANE
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if)
TITLE	D	☐ Change ☐ Addition
NAME	MILLER, SANDRA	
STREET ADDRESS	2004 SARA LEE LANE	
CITY ST ZIP	TALLAHASSEE, FL 00000	
TITLE	CP	☐ Change ☐ Addition
NAME	SPENCER, CLYDE E	
STREET ADDRESS	2001 SARA LEE LANE	
CITY ST ZIP	TALLAHASSEE, FL 00000	
TITLE	D	☐ Change ☐ Addition
NAME	SPECNER, SARA B	
STREET ADDRESS	2001 SARA LEE LANE	
CITY ST ZIP	TALLAHASSEE, FL 00000	
TITLE	PD	☐ Change ☐ Addition
NAME	SPENCER, W E	
STREET ADDRESS	631 EAST CALL ST. #502	
CITY ST ZIP	TALLAHASSEE, FL 00000	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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 1 or Block 2 above, or on an attachment with an address.

SIGNATURE: Clyde E Spencer
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Capital Stock

Clyde E Spencer

0028270 CP