FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **462513** (3)

1. Corporation Name
SPENCE AND ASSOCIATES, INC.

Principal Place of Business
205 N.W. 10 AVE.
GAINESVILLE FL 32601

Mailing Address
205 N.W. 10 AVE.
GAINESVILLE FL 32601

2. Principal Place of Business
21 8307 NW 4th PL
Suite, Apt. #, etc
22
City & State
23 Gainesville FL
Zip
24 32607
Country
25 ~~Alachua~~ USA

2a. Mailing Address
26 8307 NW 4th Place
Suite, Apt. #, etc.
27
City & State
28 Gainesville FL
Zip
29 32607
Country
30 USA

3. Date Incorporated or Qualified: **10/01/1974**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1558733** ☐ 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

9. Name and Address of Current Registered Agent

SPENCE, JOHN R.
8307 NW 4TH PLACE
GAINESVILLE FL 32601

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SPENCE, JOHN R	
STREET ADDRESS	8307 N W 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VSD	☐ DELETE
NAME	SPENCE, IRENE	
STREET ADDRESS	8307 N W 4TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	T	☒ DELETE
NAME	~~HOWARD, III OWEN H~~	
STREET ADDRESS	~~ROUTE #4 BOX~~	
CITY-ST-ZIP	~~GAINESVILLE, FL 00000~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: John R Spence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John R Spence

4/29/96 (352) 332-9476
Date Daytime Phone #