

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 503162 (0)

1. Corporation Name

BOLT, SPENCE & HALL, P.A.



Principal Place of Business

Mailing Address

221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32169
US

221 N CAUSEWAY
~~P.O. BOX 1200~~
NEW SMYRNA BCH FL 32169-5239
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 221 N. Causeway

22 City & State

27
28 New Smyrna Beach, FL

23 Zip Country

29 32169-5239 30 Country

3. Date Incorporated or Qualified
05/10/1976

3a. Date of Last Report
01/23/1995

4. FEI Number
59-1674586

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

10. Name and Address of New Registered Agent

SPENCE, HAL
221 NORTH CAUSEWAY
NEW SMYRNA BCH FL 32169

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

Signature, typed or printed name of registered agent and the date of signature

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SPENCE, HAL
STREET ADDRESS 221 NORTH CAUSEWAY
CITY-STATE-ZIP NEW SMYRNA BEACH FL

1.1 TITLE Director/Asst. Treas. ☐ Change ☒ Addition
1.2 NAME Asst. Vice Pres.
1.3 STREET ADDRESS Robert S. Thurlow
1.4 CITY-STATE-ZIP 221 N. Causeway
New Smyrna Beach, FL ☐ Change ☐ Addition

TITLE PAS ☐ DELETE
NAME SPENCE, HAL
STREET ADDRESS 221 N. CAUSEWAY
CITY-STATE-ZIP NEW SMYRNA BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE STV ☐ DELETE
NAME HALL, MARK R.
STREET ADDRESS 221 N. CAUSEWAY
CITY-STATE-ZIP NEW SMYRNA BCH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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:

by *Hal Spence, president*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

2/13/96

427-5227

CR2E034 (12/95)