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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000001187

1. Corporation Name
SPM, INC. OF ALABAMA

Principal Place of Business: 1103 21ST ST SOUTH, BIRMINGHAM AL 35205, US
 Mailing Address: PO BOX 55465, BIRMINGHAM AL 35255-5465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	01/02/1997	63-1042087	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75. Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: *Weldon B. Weld* DATE: 3/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT WELDON, WILLIAM B SR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	1.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS WELDON, CHARLES V III	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	2.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S RILEY, DAVID E	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	3.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D FIELD, ROBERT C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	4.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DV WELDON, WILLIAM EDGAR JR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	5.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V OLIVE, GAIL M	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1103 21ST ST S	6.2 NAME	
STREET ADDRESS	BIRMINGHAM AL 35205	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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, with all other like empowered.

SIGNATURE: *Weldon B. Weld, President* DATE: 3/9/99 (205)933-1020
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (1/198)