

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

01/02/1997

4. FEI Number

63-1042087

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/99

12.

OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	WELDON, WILLIAM B SR	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	WELDON, CHARLES V III	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, DAVID E	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, ROBERT C	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WELDON, WILLIAM EDGAR JR	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLIVE, GAIL M	
STREET ADDRESS	1103 21ST ST S	
CITY-ST-ZIP	BIRMINGHAM AL 35205	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

William B Weldon, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 (205) 933-1020

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90012 021 ***158.75



DO NOT WRITE IN THIS SPACE