

2000 UNIFORM BUSINESS REPORT (UBR)



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

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90192 007 ***158.75

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

3. Date Incorporated or Qualified
01/02/1997

21	2. Principal Place of Business	2a. Mailing Address
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
25	Zip	Country
26	Country	Zip
29	Country	Zip
30	Country	Zip

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

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
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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 as an attachment with an address, with all other like empowered.

SIGNATURE: *William B Weldon Sr.* 5/01/00 (205) 933-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)