

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **013983**
1. Corporation Name
SPENCER ESTATES CORPORATION

Principal Place of Business
**305 KEYSER LN
PACE, FL 32571**

Mailing Address
**305 KEYSER LN
PACE, FL 32571**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 N/A		2a. Mailing Address 26 N/A		3. Date Incorporated or Qualified 1982	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-2771421	
23 City & State		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**John C. Spencer
305 KEYSER LN
PACE, FL 32571**

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 607.0505, Florida Statutes.

SIGNATURE **John C. Spencer** **John C. SPENCER**

3-18-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	P/D
NAME	ALMON J. SPENCER	1.2 NAME	JOHN C. SPENCER
STREET ADDRESS	104 ELMIRA ST	1.3 STREET ADDRESS	305 KEYSER LN
CITY-ST-ZIP	MILTON, FL 32570	1.4 CITY-ST-ZIP	PACE, FL 32571
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	S/D
NAME		2.2 NAME	J. ROBERT SPENCER
STREET ADDRESS		2.3 STREET ADDRESS	1416 HARBOR DR
CITY-ST-ZIP		2.4 CITY-ST-ZIP	SARASOTA, FL 34239
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	V/D
NAME		3.2 NAME	MARY E. SMITH
STREET ADDRESS		3.3 STREET ADDRESS	7128 NEWPORTSHIRE RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ALEXANDRIA, VA 22307
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	T/D
NAME		4.2 NAME	MADELINE SPENCER
STREET ADDRESS		4.3 STREET ADDRESS	104 ELMIRA ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MILTON, FLA 32570
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	400002469224
NAME		5.2 NAME	-03/26/98--01057--018
STREET ADDRESS		5.3 STREET ADDRESS	***150.00
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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.

SIGNATURE: **John C. Spencer** **JOHN C. SPENCER**

3-19-98

(850) 436-5300

CR2E034 (10/97)