

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G80224 (0)**

1. Corporation Name

SPICER PAINTING AND WATERPROOFING, INCORPORATED



Principal Place of Business

Mailing Address

% CLYDE W. DAVIS
13 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

% CLYDE W. DAVIS
13 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

2. Principal Place of Business

2a. Mailing Address

21 **Clyde W. Davis**
Suite, Apt. #, etc.
22 **20 S. Fifth Street**
City & State
23 **Fernandina Beach, FL**
Zip Country
24 **32034** 25 **U.S.A.**

26 **Clyde W. Davis**
Suite, Apt. #, etc.
27 **20 S. Fifth Street**
City & State
28 **Fernandina Beach, FL**
Zip Country
29 **32034** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

DAVIS, CLYDE W.
13 NORTH FOURTH STREET
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

01/24/1984

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2428930

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

10. Name and Address of New Registered Agent

81 Name
Clyde W. Davis
82 Street Address (P.O. Box Number is Not Acceptable)
20 S. Fifth Street
83 **Fernandina Beach, FL**
84 City **FL** 85 Zip Code **32034**

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. Thereby 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 applicable

(NOTE: Registered Agent signature must be taken in person)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPD	<input type="checkbox"/> DELETE
NAME	SPICER, WILLIAM THOMAS	
STREET ADDRESS	4417 CLEEK COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	DVTD	<input type="checkbox"/> DELETE
NAME	SPICER, SUSAN D.	
STREET ADDRESS	4417 CLEEK COURT	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

361-7963

CR2E034 (12/95)