FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 4-16-95 B-3342 C

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:30

DOCUMENT # **H73940** **(9)**

1. Corporation Name
LOREN SPIES CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1110 NW 6TH ST GAINESVILLE FL 32601 US	1110 NW 6TH ST GAINESVILLE FL 32601 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/03/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21 500 E. UNIVERSITY AVE	26 500 E. UNIVERSITY AVE
Suite, Apt. #, etc. 22 SUITE A	Suite, Apt. #, etc. 27 SUITE A
City & State 23 GAINESVILLE FL.	City & State 28 GAINESVILLE FL
Zip / Country 24 32601 / 25 USA	Zip / Country 29 32601 / 30 USA

4. FEI Number: **59-2589741** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HANKIN, SAMUEL 1110 NW 6TH ST GAINESVILLE FL 32601	81 Name: PETER A. ROBERTSON 82 Street Address (P.O. Box Number is Not Acceptable): 500 E. UNIVERSITY AVE. 83 SUITE A 84 City: GAINESVILLE FL 85 Zip Code: 32601

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: Peter A Robertson 4-6-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☒ Change ☐ Addition
NAME	SPIES, LOREN	12 NAME		
STREET ADDRESS	RT. 3, BOX 616	13 STREET ADDRESS	5315 NW 102 Place	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	DS	21 TITLE		☒ Change ☐ Addition
NAME	SPIES, PAULA	22 NAME		
STREET ADDRESS	RT. 3, BOX 616	23 STREET ADDRESS	5315 N.W. 102 Place	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	DV	31 TITLE		☒ Change ☐ Addition
NAME	AUTREY, GLEN	32 NAME		
STREET ADDRESS	6402 S.W. 93RD AVE.	33 STREET ADDRESS	6324 SW 137 Avenue	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Archer FL 32618	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Loren K. Spies 4/3/95 904 377 1025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0012466 CP