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

1. Corporation Name

LOREN SPIES CONSTRUCTION & DEVELOPMENT, INC.

Principal Place of Business

500 E. UNIVERSITY AVE
SUITE A
GAINEVILLE FL 32601
US

Mailing Address

500 E. UNIVERSITY AVE
SUITE A
GAINESVILLE FL 32601
US

3. Date Incorporated or Qualified: 09/03/1985

3a. Date of Last Report: 04/11/1995

4. FEI Number: 59-2589741 — Applied For / Not Applicable

2. Principal Place of Business: 21

Suite, Apt. #, etc.: 22

City & State: 23

Zip: 24 Country: 25

2a. Mailing Address: 26

Suite, Apt. #, etc.: 27

City & State: 28

Zip: 29 Country: 30

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

9. Name and Address of Current Registered Agent

ROBERTSON, PETER A.
500 E. UNIVERSITY AE.
SUITE A
GAINESVILLE FL 32601

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 607.0505 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	☐ DELETE
NAME	SPIES, LOREN	
STREET ADDRESS	5315 NW 102 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DS	☐ DELETE
NAME	SPIES, PAULA	
STREET ADDRESS	5315 NW 102 PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DV	☐ DELETE
NAME	AUTREY, GLEN	
STREET ADDRESS	5315 SW 137 AVENUE	
CITY-ST-ZIP	ARCHER FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☑ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	32653	
2.1 TITLE		☐ Change ☑ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	32653	
3.1 TITLE		☐ Change ☑ Addition
3.2 NAME		
3.3 STREET ADDRESS	6324 SW 137 AVE	
3.4 CITY-ST-ZIP	32618	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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: _____ 5/2/96 352-377-1025

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

LOREN SPIES

CR2E034 (12/95)