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

PROFIT CORPORATION ANNUAL REPORT



FEORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| _ | 1996 | DIVISION O | F CORPOR | RATIONS | | | |
|---|--|--------------------------------------|---------------------|----------------------|---|---------------------------|---------------------------------|
| DOCUN 1. Corporation | MENT # H789 | 34 (7) | | | | | |
| SPENC | ER'S WESTERN WORLD | II, INC. | | | | | |
| | | | | |) | |) |
| Principal Place | of Business | Mailing Address | | | | | II Didii Heli Didii 1881 |
| 1894 DREW ST 1894 DREW ST | | | | | | | |
| CLEARWATE | T : | CLEARWATER FL 346 | 25 | | | | |
| | | | | | 3. Date incorporated or Qualified | 3a. Date of L | ast Report |
| | | | | | 10/03/1985 | 01/2 | 5/1995 |
| 2. Principal Place of Business 2a. Mailing Ac | | | Address | | 4. FEI Number 62-2108150 | | Applied For |
| Suite, Apt. # | t, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | s: | Not Applicable 8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired | | Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing | | 5.00 May Be |
| 23 Zip | Zip Country Zip | | Country | | Trust Fund Contribution 8. This corporation has liability for | | Added to Fees |
| 24 | 25 | 29 | 30 | | | intangibie tax on □ No | Oers 199.032, |
| | 9. Name and Address of Curre | nt Registered Agent | ···· | | 10. Name and Address of New I | Registered Ager | nt |
| | | | | 81 Name | | | |
| HITCHENS, PAUL W. | | | | 82 Street Ac | ddress (P.O. Box Number is Not Acceptat | ole) | |
| 6464 1ST AVENUE N. ST. PETERSBURG FL 33710 | | | | 83 | | | |
| 01.121 | EMODONO I E OOI 10 | | | | | | |
| | | | | 84 City | | FL 85 | Zip Code |
| 11. Pursuant to | o the provisions of Sections 607.050 | 2 and 607.1508, Florida Statut | tes, the abo | ove-named corp | poration submits this statement for the pulporation of directors. I hereby accept the app | rpose of changin | g its registered office |
| familiar with | h, and accept the obligations of, Sec | ction 607.0505, Florida Statute | s. | corporation s o | oard or directors, i hereby accept the app | ointment as regis | stered agent. I am |
| SIGNATURE _ | Signature typed or printed name of registered agei | C) and title if productite (A) | OTF. Decision | | used when reinstating! | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | Agent signature requ | ADDITIONS/CHANGES TO OFF | DATE ICERS AND DIRE | CTORS IN 12 |
| TITLE | Р | | | ITLE | | Ch | |
| NAME | SPENCER, RICHARD M. | | | AME | | | 2 |
| STREET ADDRESS | 7108-66TH ST N | | 1.3 S | TREET ADDRESS | | | [2 |
| CHY+ST-ZIP TITLE | PINELLAS PK FL | ☐ DELETE | 1.4 C 2. 1 T | 11Y-S1-ZIP | | F3.0h | i della |
| NAME | SPENCER, WILLIAM P. | | 2. 1 t | | | ☐ Ch | ange 🔲 Addition |
| STREET ADDRESS | 7061 62ND ST. N. | | 1 | TREET ADDRESS | | | |
| CITY - \$1 - ZIP | PINELLAS PK. FL | | 1 | ITY-ST-ZIP | | | |
| TITLE | T | ☐ DELETE | 3. 1 T | ITLE | | ☐ Ch | ange 🔲 Addition |
| NAME | SPENCER, MARK D. | | 3 2 N | - 1 | | | |
| STREET ADDRESS | 12725 82ND AVE SEMINOLE FL | | | TREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | DEMINULE I'L | DELETE | 34 C 4 1 I | ITY-ST-ZIP | | Ch | ange Addition |
| NAME | | [] occur | 4 2 N | | | | enge E Audition |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 0 | TY-ST-ZIP | | | |
| TIFLE | | DELETE | 5. 1 TITLE | | | ☐ Ch | ange |
| NAME | | | 5 2 N | | | | |
| STREET ADDRESS | | | | TREET ADDRESS | | | |
| CITY-ST-ZIP TITLE | | Г ☐ DELETE | | TY-ST-ZIP | | □ ** | anne |
| NAME | | | 6. 1 T 6.2 N | | | ☐ Ch | ange [Addition |
| STREET ADDRESS | | | | IREE I ADDRESS | | | |
| CITY-ST-ZiP | | | | TY-ST-ZIP | | | |
| 14. Ldo hereby | certify that the information supplied | with this filing is voluntarily furn | nished and | does not qualif | y for the exemption stated in Section 119 urate and that my signature shall have the | 07(3)(k), Florida S | Statutes. I further |

I. 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 chapters, or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/20/96 813 447-2604 Date Destrict From #