## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION ( Sandra B. Mortham INTANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # (7) REX SPENCER CONSTRUCTION, INC. Principal Place of Business Mailing Address POST OFFICE BOX 16521 POST OFFICE BOX 16521 PANAMA CITY FL 32406 PANAMA CITY FL 32406 3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1986 04/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2728640 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPENCER, REX H. 82 Street Address (P.O. Box Number is Not Acceptable) 741 AIRPORT RD PANAMA CITY FL 32405 83 City 84 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) (12/95)12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE □ DELETE 1. 1 TITLE ☐ Change ☐ Addition NAME SPENCER, REX H. 1.2 NAME CR2E034 STREET ADDRESS POST OFFICE BOX 16521 1.3 STREET ADDRESS CITY - ST - ZIP PANAMA CITY FL 1.4 CITY - ST - ZIP TIPLE ☐ DELETE 2 1 TITLE Change ☐ Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP THILE DELETE 3. 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 21P 34 CITY-ST-ZIP TITLE □ DELETE 4. 1 THILE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TIFLE DELETE Change 5.1 TITLE ■ Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP THLE DELETE 6. 1 TITLE Change Addition NAME 62 NAME STREFT ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 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 cath; 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.

DENCER

SIGNATURE: