

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 # **L10437** (6)

1. Corporation Name

SPENCER MAXWELL BULLOCK ARCHITECTS, P.A.



Principal Place of Business

Mailing Address

% BRIAN SPENCER
200 SOUTH TARRAGONA ST
PENSACOLA FL 32501-6033

% BRIAN SPENCER
200 SOUTH TARRAGONA ST
PENSACOLA FL 32501-6033

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

08/18/1989

3a. Date of Last Report

04/19/1995

4. FEI Number

59-2960962

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPENCER, BRIAN
200 SOUTH TARRAGONA ST.
PENSACOLA FL FL

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 607.0502 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 of present or prospective registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DA

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME: SPENCER, BRIAN K.
STREET ADDRESS: 200 SOUTH TARRAGONA ST.
CITY- ST- ZIP: PENSACOLA FL

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE DELETE

2.1 TITLE Change Addition

NAME: MAXWELL, RANDOLPH P.
STREET ADDRESS: 200 SOUTH TARRAGONA ST.
CITY- ST- ZIP: PENSACOLA FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DELETE

3.1 TITLE Change Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY- ST- ZIP: [Blank]

3.2 NAME: John H Keith Bullock
3.3 STREET ADDRESS: 200 South Tarragona St
3.4 CITY- ST- ZIP: Pensacola, FL 32501

TITLE DELETE

4.1 TITLE Change Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY- ST- ZIP: [Blank]

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE DELETE

5.1 TITLE Change Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY- ST- ZIP: [Blank]

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE DELETE

6.1 TITLE Change Addition

NAME: [Blank]
STREET ADDRESS: [Blank]
CITY- ST- ZIP: [Blank]

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/96

904-432-7772
Daytime Phone

CR2E034 (12/95)