


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90041 002 \*\*\*150.00

UP049893

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # L10437**  
 1. Corporation Name  
**SPENCER MAXWELL BULLOCK ARCHITECTS, P.A.**

Principal Place of Business % BRIAN SPENCER 200 SOUTH TARRAGONA ST PENSACOLA FL 32501-6033	Mailing Address PO BOX 729 PENSACOLA FL 32594 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 17 East Main Street Suite, Apt. #, etc. 100 City & State Pensacola, FL Zip 32501- Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State Zip Country
---	---

3. Date Incorporated or Qualified 08/18/1989	4. FEI Number 59-2960962 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SPENCER, BRIAN**  
**200 SOUTH TARRAGONA ST.**  
**PENSACOLA FL FL**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 17 East Main Street, Suite 100  
 83  
 84 City  
 FL 85 Zip Code  
 32501

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE	NAME SPENCER, BRIAN K.	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 200 SOUTH TARRAGONA ST.	CITY-ST-ZIP PENSACOLA FL	1.2 NAME	1.3 STREET ADDRESS 17 East Main St., Suite 100
TITLE D <input type="checkbox"/> DELETE	NAME MAXWELL, RANDOLPH P.	1.4 CITY-ST-ZIP Pensacola, FL 32501	
STREET ADDRESS 200 SOUTH TARRAGONA ST.	CITY-ST-ZIP PENSACOLA FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	NAME BULLOCK, JOHN H KEITH	2.2 NAME	2.3 STREET ADDRESS 17 East Main St., Suite 100
STREET ADDRESS 200 S TARRAGONA STREET	CITY-ST-ZIP PENSACOLA FL	2.4 CITY-ST-ZIP Pensacola, FL 32501	
TITLE D <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	3.3 STREET ADDRESS 17 East Main St., Suite 100
TITLE D <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP Pensacola, FL 32501	
STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	NAME	4.2 NAME	4.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE D <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> DELETE	NAME	6.2 NAME	6.3 STREET ADDRESS
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 4/28/99 850 932 7772  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)