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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M88132 **DOCUMENT #**

(9)

W. M. SPURRELL CONSTRUCTION CO., INC.				
Principal Place of Business	Mailing Address			
10595 SE 151 ST SUMMERFIELD FL 34491 US	10695 SE 151ST Summerfield FL 34491 US			

	<u> </u>

						ALAN BERT FAOT	
Principal Place of	Business	Mailing Address			Ì		
10595 SE 151		10595 SE 151ST	H				
Summerfield fl 34491 US		SUMMERFIELD FL 34491 US			3. Date Incorporated or Qualified 06/24/1988 3a. Date of Last Report 02/07/1995		
		2a, Mailing Address			4. FEI Number	Applied For	
2. Principal Place	e of Business	28. Walling Address			05 0005040	Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.				Additional Required	
City & State		City & State			Trust Fund Contribution Adde	May Be d to Fees	
3	Country	28 Zip	Countr	У	8. This corporation has liability for intangible tax under s	199.032,	
Zip ⊒1	25	29	30		Florida Statutes ▼ Yes No		
4	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent		
	<u> </u>		8		. <u> </u>		
	i Ottilizati itti ini		2 Street	ddress (P.O. Box Number is Not Acceptable)			
10595 Si	E 151ST RFIELD FL 34491		8	3			
SUMMER	IFICLD FL 34481		8	4 City	85 2	Zip Code	
				1 -	orporation submits this statement for the purpose of changing its board of directors. I hereby accept the appointment as registers	-palatored offic	
	Signature, typed or printed name of registered a	gent and title if applicable (N AND DIRECTORS	O1E: Registered A	gent signature	DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
12.	D	☐ DELETE	1.1 111	Ē	☐ Change	e 🔲 Addition	
NAME	SPURRELL, W.M.		1.2 NAM	1E	1		
STREET ADDRESS	10595 SE 151 ST		1.3 STR	EFT ADDRESS			
CITY-ST-ZIP	SUMMERFIELD FL			r-ST-ZIP	Chang	e 🔲 Addition	
TITLE	\$T	☐ DELETE	2 1 TiT			_	
NAME	SPURRELL, LESUE M.		2.2 NA/	ae Ieet address			
STREET ADDRESS	10595 SE 151 STREET SUMMERFIELD FL			Y-ST-ZIP			
CITY - ST - ZIP	SUMMERFIELD FL	DELETE	3. 1 717		Chang	ge 🔲 Addition	
THE NAME		_	3 2 NA	ME			
STREET ADDRESS				REET ADDRES	s		
CITY-ST-ZIP				Y-ST-ZIP	Chang	ge 🔲 Addition	
TITLE		DELETE	4. 1 Ti 4.2 NA				
NAME			1	imie Reft address	 		
STREET ADDRESS				TY-ST-ZIP			
CITY - ST - ZIP		DELETE	5 1 TI		Chan	ge 🔲 Additio	
TITLE NAME			5 2 N	AME			
STREET ADDRESS			535	HEFT ADDRES	S		
CITY-ST-ZIP				TY-ST-ZIP	Char	nge 🔲 Additio	
TITLE		☐ DELETE	6. 1 T				
NAME			62 N	ame Treft adores	es		
STHEET ADDRESS			635	INEET ADURES	55		

64 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 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 certify 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:

NAME OF SIGNING OFFICER OR DIRECTOR

4-13-96 (35))288-8499

CRZE034 (12/95)