SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 AM 11:25

DOCUMENT # **P94000002717 (4)**

1. Corporation Name

JORDAN-SPENCER, INC.

Principal Place of Business	Mailing Address
10097 CLEARY BLVD PLANTATION FL 33324	10097 CLEARY BLVD PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1721 NW 99 AVE
22: Suite, Apt. #, etc.
23: City & State: PLANTATION FL
24: Zip: 33322
25: Country: BROWARD

2a. Mailing Address
26: BOX 19346
27: Suite, Apt. #, etc.
28: City & State: PLANTATION FL
29: Zip: 33318
30: Country: BROWARD

4. FEI Number: 650461561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Finance 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

TUPLER, DAVID S
6950 CYPRESS RD
SUITE 101
PLANTATION FL 33317

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS		
TITLE	DPS	11 TITLE	D PS	☒ Change ☐ Addition
NAME	BABCOCK, FRANCIE	12 NAME	BABCOCK FRANCIE	
STREET ADDRESS	10097 CLEARY BLVD SUITE 225	13 STREET ADDRESS	1721 NW 99 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	14 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	DVT	21 TITLE	DVT	☒ Change ☐ Addition
NAME	BABCOCK, DOUGLAS	22 NAME	BABCOCK DOUGLAS	
STREET ADDRESS	10097 CLEARY BLVD SUITE 225	23 STREET ADDRESS	1721 NW 99 AVE	
CITY-ST-ZIP	PLANTATION FL 33324	24 CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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.

SIGNATURE: Douglas Babcock DOUGLAS BABCOCK 8/4/95 3056468177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0077953 CP