

01-07-2004 90030 001 ***150.00

DOCUMENT # P03000093106		01-07-2004 90030 001 ***1	
1. Entity Name AVERYCLAIRE SPEER GROUP INC.			
Principal Place of Business 506 OCEAN MIST COURT SAINT AUGUSTINE, FL 32080		Mailing Address 506 OCEAN MIST COURT SAINT AUGUSTINE, FL 32080	
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent AIA REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351		7. Name and Address of New Registered Agent Name: NA Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and city if applicable. (NOTE: Registered Agent signature required when registering)			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SD SPEER, JOSEPH 506 OCEAN MIST COURT SAINT AUGUSTINE, FL 32080		SD SPEER, DOTTYE 2800 PEACHTREE ROAD ATLANTA, FL 32505	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Joseph C Speer</i>		Date: <i>1/04/03</i> 904 824-3919	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			