

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007152 (0)

1. Corporation Name
THE SPENCER GROUP OF NORTHWEST FLORIDA, INC.

Principal Place of Business Mailing Address
31 HOFFMAN DR
GULF BREEZE FL 32561
US

2. Principal Place of Business 2a. Mailing Address
21 26 31 HOFFMAN DR
Suite, Apt. #, etc. 27
GULF BREEZE FL 32561-4477
US

22 City & State
23 28 City & State
Zip 25 Country
24 29 Zip 30 Country

3. Date Incorporated or Qualified 01/25/1993
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3160479
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
SPENCER, RANDALL C
31 HOFFMAN DR
GULF BREEZE FL 32561
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Change Addition
NAME SPENCER, RANDALL C 1.2 NAME
STREET ADDRESS 31 HOFFMAN DR 1.3 STREET ADDRESS
CITY-ST-ZIP GULF BREEZE FL 1.4 CITY-ST-ZIP
TITLE DELETE 2.1 TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 3.1 TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I do 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 I signed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 12 1997 8:00am
Secretary of State



CR2E034 (9/96)

2/19/97 804-534-3010
Daytime Phone #