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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sangra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P93000082448 (0) DOCUMENT #

1. Corporation Name	11 #	1 00	,000
SPENCER	STONE	WORKS,	INC.



									(E) (118) (E)		
Principal Place of	Business	Mailing Address									
631 E CALL	STREET		631 E CALL STREET								
SUITE 502	E EL 22201	SUITE 502 TALLAHASS	SEE FL 32301			3. Date Incorporated or Qualified	an Dal	3a. Date of Last Report			
TALLAHASSEE FL 32301		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	MEDINIOUZ I Z 3330			12/02/1993	05/01/1995				
2. Principal Place	of Business	2a. Mailing Add	ess			4. FEI Number 59-3212217			Applied For Not Applicable		
21	. •	26				39-32 122 17			Additional		
Suite, Apl. #,	elc.	Suite, Apt. ‡	ŧ, etc.			5. Certificate of Status Desired			Required		
City & State	(4)		ity & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		. ,			
23		28	L			intano ble l					
Zip	Country	<u> </u>	Zip Country			This corporation has liability for intangible tax under s 199.032,     Florida Statutes					
24	9. Name and Address of Currer	29	30	<b>T</b>		10. Name and Address of New	Registered	l Agent			
	9. Name and Address of Correc	it riogistered rigo.	`	81	Name						
SPENC	SPENCER. EDDIE			82	Street Add	eet Address (P.O. Box Number is Not Acceptable)					
	CALL STREET			83	. <u>-</u>						
SUITE								85 2	ip Code		
	IASSEE FL 32301			84	' '	oration submits this statement for the pr ard of directors. I hereby accept the ap	FI				
SIGNATURE S	graf nei typod or perten nama of freji heed aget OFFICERS AN	Land the Capple and ND DIRECTORS	(NOTE Final	13.	ni s jnar, e re ja	ADDITIONS/CHANGES TO OF	FICERS A		ORS IN 12		
TITLE	P		ELETE	1 TITLE		ST		Cnaege	Addition		
NAME	spencer, eddie			1.2 NAME	1	RAVIS Keister #	502				
STREET ADDRESS	631 E CALL ST, #502				LADDRESS	RAVIS KEISTER 631 E CAII ST, # Tallahassee Fu					
CITY - ST - 21P	TALLAHASSEE FL			14 CHY-	S1 · ZIP	allarms see -		☐ Change	e 🔲 Addition		
T:TLE	VP AND ADAM	L o		2.2 NAME							
NAME	KIRKLAND, ADAM 631 E CALL ST, #502				I ADDRESS						
STREET ADDRESS CHY-ST ZIP	TALLAHASSEE FL	,		2.4 CITY :	- 1				e 🔲 Add hori		
TITLE	ST	[3]	ELETE	3 1 10 4				☐ Chang	3 Mag ilan		
NAME	SUNDGREN, BARBARA			3.2 NAM5							
STREET ADDRESS	631 E CALL ST, #502				ET ADDRESS						
CITY - ST - ZIP	TALLAHASSEE FL		DELETE	3.4 CHY				Chang	e 🔲 Addition		
TITLE	ST WOOD DALILA	LW	Steen	4.2 NAM							
NAMÉ	WOOD, PAULA 631 E CALL ST #502				ET ADDRESS						
STREET ADDRESS	TALLAHASSEE FL			4.4 CITY				- F1 05	S F1 Add box		
CITY-ST-2IF			DELETE	5 1 Till	,			Chang	ge 🔲 Add-tion		
NAME				5.2 NAM							
STREET ADDRESS				1	ET ADDRESS						
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	DC. CIC		ST-ZIP			Chan	ge 🔲 Addition		
THILE			DELETE	6 1 Uft	1				- <u></u>		
NAME				62 NAM 63 STR	EFT ADDRESS						
STREET ADDRESS				0.2214	TEL MODULESS						

14. Ido 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 1 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 cath; 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 chapted or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED MARE OF SIGNING OFFICER OR DIRECTOR