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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000086627 (5)

HMR SPENCE DESIGNS, INC.

Principal Place of Business

8300 ULMERTON #110

Mailing Address

8300 ULMERTON ROAD STE 110 FILED Apr 25 1997 8:00am Secretary of State



STE 110 LARGO FL 3484 US	И	STE 110 LARGO FL 33771-3801 US		3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 04/19/1996
	lace of Business	2a. Mailing Address	1 le	4. FEI Number	Applied For
11 619 N.	CLEARWATER/LARE	126 BIY N. CLE	4RWATER/LAI	<u>260 59-3216920</u>	Not Applicable
Suite An/	#, etc ROAD	Suite, Apt. etc	· μο	Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stati	o, Fl	Jity & State  28 LARGO, F		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>7の</sup> 33つ	70 25 US	Zip 29 33770	Country 30 US	8. This corporation has liability for in Florida Statutes	ptangible tax under s. 199.032, Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	platered Agent
8300 STE	NCE, PATTI I ULMERTON ROAD 110 30 FL 34841		81 Name 62 Street Addr 6/9	SPENE ess (1.0. Box Number is Not Acceptable N. CUEARWATER	"/URGO ROAD
			84 City ARE	5n	FL 85 Zip Code 770
44 Duramont	to the suppliers of Sections 607.0603	and 607 1509 Florida Statut	on the shows pared corn	poration submits this statement for the p	
agent. La	im familiar with, and accept the obligation of the specific specif	ions of, Section 607.0505, Flo 	E. Rogistered Agent signature requir	ion's board of directors. I hereby accepted when reinstating:	3/97 DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TILLE	P	DELETE	1.1 TITLE		Change Addition
NAME	SPENCE, PATTI		1.2 NAME		
STREET ADDRESS	6 BLUFF VIEW DRIVE		1.3 STREET ADDRESS		4
City-St-7iP	BELLEAIR FL		1.4 CITY-ST-ZIP		34616
THUE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAMÉ		_	2.2 NAME		- ,
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY - ST - ZIP	•	114
TILE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			<b>I</b>		
CITY - ST - ZIP TITUE			3.4. CITY-ST-ZIP		Change Addition
rii Ck		I I DECETE			
KIAKEE		☐ DELETE	4.1 TITLE		Colonide Colonion
NAME .		L. DECETE	4. 2 NAME		Change E Audulion
STREET ADDRESS		L DECETE	4.2 NAME 4.3 STREET ADDRESS		L. Change L. Addition
STREET ADDRESS CITY-ST-ZIF			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIF TITLE		DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIF TUTLE NAME			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		Change Addition
STREET ADDRESS CHY-ST-ZIF TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ DELETE	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition

. I do bereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information inclicated 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 comparison 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 12 if granged, or grant attachment with an address.

SIGNATURE

ANATURE AND TYPED OR PRINTED NAME OF RIGHING OFFICER OR DIRECTOR

1/8/97 (813)582-970