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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000017228 (5)

## SPENCER SERVICE CORPORATION

FILED
May 04 1998 8:00am
Secretary of State



|   |   |   |  |                                    |  | KIDÊN 1888 KI KIR KIR KIR KIR KIR KIR KIR KIR KIR         |
|---|---|---|--|------------------------------------|--|---|
| Principal Place                               | e of Business   | Mailing Address   |  |                                    |  |   |
| 385 COURTLAI<br>DELTONA FL                    |   | 385 COURTLAND BLVD.<br>DELTONA FL 32738   |  |                                    |  |   |
|   |   |   |  | DO NOT WRITE IN THIS SPACE         |  |   |
|   |   |   |  |                                    | 3. Date Incorporated or Qualified  |   |
|   |   |   |  |                                    | 02/28/1994   |   |
| 2, Principal Pl                               | lace of Business  | 28. Mailing Address   |  |                                    | 4. FEI Number  | Applied For   |
| 21  |   | 26  |  | 59-3226700                         | Not Applicable   |   |
| Suite, Apt. #, etc.                           |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 Additional  |   |
| 22  |   | 27  |  | <b>P</b>                           | Fee Required   |   |
| City & State                                  |   | City & State  |  | 6. Etection Campaign Financing     | \$5.00 May Be  |   |
| 23  | Country   | 7ip   | Cour                                       | Mr                                 | Trust Fund Contribution  | Added to Fees   |
| Zip   | Country   | ·1  | <b>├</b> ─┐                                | itry                               | 8. This corporation owes or has paid the   | Yes No  |
| 24  | 25<br>9. Name and Address of Curren   | 29  | 30   |                                    | Personal Property Tax due June 30.  10. Name and Address of New Registere  |   |
|   |   | it Hegistered Agent   |  | B1 Name                            | 10, Italia and Addices of New Heights  | a rgone   |
|   | ENCER, CAROLANN M   |   |  |                                    |  |   |
|   | C <b>O</b> URTLAND BLVD.<br>TONA FL 32738   |   |  | 82 Street Ac                       | dress (P.O. Box Number is Not Acceptable)  |   |
| DEL   |   |   | 83   |                                    |  |   |
|   |   |   |  |                                    |  | BE 7in Code   |
|   |   |   |  | 64 City                            | F  | L 85 Zip Code   |
| 11. Pursuant t<br>office or re<br>agent. I as | to the provisions of Sections 607.050<br>egistered agent, or both, in the State<br>m familiar with, and accept the oblig- | 2 and 607-1508, Florida <b>Statu</b><br>of Florida Such change was<br>alions of, Section 607. <b>0505</b> , F | utes, the ab<br>authorized<br>lorida Statu | ove-named co<br>by the corporates. | opporation submits this statement for the purpose ration's board of directors. I hereby accept the a   | e of changing its registered<br>appointment as registered |
| SIGNATURE                                     | Signature typed or presed name of legislated age  | est and title of appointable (INC   | III Repusiered                             | Agent signature re-                | guired when reinstating) DATE  |   |
| 12.   | OFFICERS AN   |   | 13.  |                                    | ADDITIONS/CHANGES TO OFFICERS A  | ND DIRECTORS IN 12  |
| TITLE   | DP .  | ☐ DELETE  | 1.1 T(T                                    | .E                                 |  | Change Addition   |
| NAME  | SPENCER, LARRY J  |   | 1.2 NAI                                    | ΛE                                 |  |   |
| STREET ADDRESS                                | 385 COURTLAND BLVD.   |   | 1.3 STF                                    | REET ADDRESS                       |  |   |
| CITY-ST-ZIP                                   | DELTONA FL 32738  |   | 1.4 CIT                                    | Y-S1-ZIP                           |  |   |
| TITLE   | DST   | ☐ DELETE  | 2.1 TIT                                    | .E                                 |  | Change Addition   |
| NAME  | SPENCER, CAROLANN M   |   | 2.2 NAI                                    | WE                                 |  |   |
| STREET ADDRESS                                | <b>885 COURTLAND BLVD.</b>  |   | 2.3 ST6                                    | REE1 ADDRESS                       |  |   |
| CITY-ST-ZIP                                   | DELTONA FL 32738  |   | 2. 4 CI                                    | Y · ST - ZIP                       |  |   |
| TITLE   |   | DELETE  | 3.1 1(1                                    | .ŧ                                 |  | ☐ Change ☐ Addition                                       |
| NAME  |   |   | 3.2 NAS                                    | ME.                                |  |   |
| STREET ADDRESS                                |   |   | 3.3 STF                                    | REET ADDRESS                       |  |   |
| CITY-ST-ZIP                                   |   |   | 3.4. CI                                    | IY-ST-ZIP                          |  |   |
| TITLE   |   | ☐ DELE <b>TE</b>  | 4.1 TiT                                    | £                                  |  | Change Addition   |
| NAME  |   |   | 4. 2 NA                                    | ME                                 |  |   |
| STREET ADDRESS                                |   |   | 4.3 ST                                     | REE1 ADDRESS                       |  |   |
| CITY-ST-ZIP                                   |   |   | 4.4 CIT                                    | Y - S1 - <i>7</i> IP               |  |   |
| TITLE   |   | ☐ DELETE  | 5.1 TIT                                    |                                    |  | Change Addition   |
| NAME  |   |   | 5.2 NAI                                    | ME                                 |  |   |
| STREET ADDRESS                                |   |   | 5.3 ST                                     | REET ADDRESS                       |  | · ·   |
| CITY-ST-ZIP                                   | :<br>*  |   |  | Y - ST - ZIP                       |  |   |
| TITLE   |   | DELE <b>TÉ</b>  | 6.1 TIT                                    |                                    | A CONTRACTOR OF THE CONTRACTOR | Change Addition   |
| NAME  | 1.  |   | 6.2 NA                                     | ME                                 |  |   |
| STREET ADDRESS                                |   |   | - 1  | REET ADORESS                       |  |   |
| CITY-ST-ZIP                                   |   |   | 4  | Y-ST-ZIP                           |  | j   |
| U. 1 U. L.                                    |   |   |  |                                    |  |   |

14. I 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 changed, or on an attachment with an address.