

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017228

1. Corporation Name

SPENCER SERVICE CORPORATION

		_			
Principal	Place	of	Business		

Mailing Address

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90009 036 ***158.75



Principal Place	e or business	Mailing Address		· · · ·	
385 COURTLAND BLVD. 385 COURTLAND BLVD.					
DELTONA FL 32	2738	DELTONA FL 32738		DO NOT WOLFE IN THE	C CDACE
{				DO NOT WRITE IN THE	S SPACE
		-		3, Date Incorporated or Qualifed	
				02/28/1994	
2. Principal Pl	ace of Business	2a. Mailing Address	101.1	4. FEI Number	Applied For
21 377	COURTIAND SINCE	26 377 COURTIA	NI DIVA	59-3226700	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22	_ -	27			Fee Required
City & State	9	City & State	<i>(</i>)	6. Election Campaign Financing	\$5.00 May Be
23 DE/tona FL 28 DE/tona FL		Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year In	
24 327	ろ ぞ 25	29 32738 30		Personal Property Tax.	.ÆYes □No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	d Agent
			81 Name	SDENCER. Canalaun 1	\mathbf{m}
SPE	NCER, CAROLANN M		82 Street A	Address (P.O. Box Number is Not Acceptable)	<u></u>
385 (Courtland BLVD.		Oliver A	377 COURTIAND BLV	d
DELT	ONA FL 32738		83		
Į			84 City	DE/tora FI	85 Zip Code 38
44 0	45 4b	and 507 1509 Florida Statutos	illo obeve named s	percention submits this statement for the numbers	of changing its registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth	orized by the corpo	ration's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obligati				
SIGNATURE	Carolano 9nx	Source Carol	gistered Agent signature re	ENCE 7/5/7/	
	Signature, typed or printed name of registered agent			ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
12.	OFFICERS ANI	D DIRECTORS DELETE	1.1 TITLE	ADDITIONS/OTANGES TO CITTUE NO.	Change Addition
finue	_ - '	G 0222,2			<i>P</i> • •
NAME	SPENCER, LARRY J		1.2 NAME	377 Courtland Blad	
STREET ADDRESS	385 COURTLAND BLVD.		1.3 STREET ADDRESS	DE/toma PL 32738	
CITY-ST-ZIP	DELTONA FL 32738		1.4 CITY-ST-ZIP	DETTORY PL 52130	☐ Change ☐ Addition
TITLE	DST	☐ DELETE	2.1 TITLE		A Change - Audition
NAME .	SPENCER, CAROLANN M		2.2 NAME	and On allow ARING	
STREET ADDRESS	385 COURTLAND BLVD.		23 STREET ADDRESS	377 Courtland Blud	<i>*</i>
CITY-ST-ZIP	DELTONA FL 32738		2. 4 C/TY-ST-ZIP	DEItora FC 32738	
TITLE		☐ DELETE	3.1 TITLE	,	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		}
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		— i	4. 2 NAME		,
			4.3 STREET ADDRESS		j
STREET ADDRESS					
CITY-ST-ZIP	<u> </u>	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TILE		L. DELETE	5.1 JIILE 5.2 NAME		
NAME					į
STREET ADDRESS			5.3 STREET ADDRESS		Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Change DAJJ#==
τιτιΕ		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS		•	6.3 STREET ADDRESS		· 1
1	}	ı	0.4.C/D/, CT. 7/0		

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, with all order like empowered.

SIGNATURE: