

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000036764 (6)

1. Corporation Name

ISABELLE O. SPENCE, LMFT, P.A.



Principal Place of Business

432 OSCEOLA AVENUE S
JACKSONVILLE BEACH FL 32250
US

Mailing Address

2026 DUNA VISTA CT.
ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified
05/15/1994

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21 432 Osceola Avenue S.

4. FEI Number
59-3243864

Applied For

Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 Jacksonville Beach

24 Zip

25 Country

28 Zip

30 Country

29 32250

30 U.S.A.

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

10. Name and Address of New Registered Agent

SPENCE, ISABELLE O
2026 DUNA VISTA CT.
ATLANTIC BEACH FL 32233

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

Corporate Agent for the purpose of filing this report and for all other purposes.

(If not the Registered Agent, signature is required when registering.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

1.1 TITLE

NAME
SPENCE, ISABELLE O
2026 DUNA VISTA CT.
ATLANTIC BEACH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. TITLE

2.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. TITLE

3.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. TITLE

4.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. TITLE

5.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. TITLE

6.1 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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. 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.

SIGNATURE:

Isabelle O. Spence
ISABELLE O. SPENCE

2/15/96 904/247-5661

Date

Daytime Phone #

CR2E034 (12/95)