

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000011890

FILED
Jan 12, 2005
Secretary of State

Entity Name: SPENCER CONTRACTING, INC.

Current Principal Place of Business:

6295 POWERS AVENUE
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

5050 EDWARD ST.
JACKSONVILLE, FL 32254 US

Current Mailing Address:

P.O. BOX 26307
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3297421 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAY, THOMAS R ESQ.
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS R. RAY, ESQ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SPENCER, JAMES H
Address: 6295 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SPENCER, JAMES H
Address: 5050 EDWARD ST.
City-St-Zip: JACKSONVILLE, FL 32254

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. SPENCER

PSTD

01/12/2005

Electronic Signature of Signing Officer or Director

Date