

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 # **P95000079684 (3)**

1. Corporation Name
SPENCER SECURITY INCORPORATED OF FLORIDA



Principal Place of Business: **6211 S. DALE MABRY HWY TAMPA FL 33611**
 Mailing Address: **6211 S. DALE MABRY HWY TAMPA FL 33611**

3. Date Incorporated or Qualified: **10/13/1995**
 3a. Date of Last Report
 4. FEI Number: **59-3339934 21 0312**
 Applied For: Not Applicable
 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

2. Principal Place of Business
 21 **4230 South MacDill Avenue**
 Suite, Apt. #, etc.
 22 **Suite 223**
 City & State
 23 **Tampa, Florida**
 Zip Country
 24 **33611** 25 **USA**
 2a. Mailing Address
 26 **4230 South MacDill Avenue**
 Suite, Apt. #, etc.
 27 **Suite 223**
 City & State
 28 **Tampa, Florida**
 Zip Country
 29 **33611** 30 **USA**

9. Name and Address of Current Registered Agent
BROWN, GORDON R
6211 S. DALE MABRY HWY
TAMPA FL 33611

10. Name and Address of New Registered Agent
 81 Name: **Michael W. Simpson**
 82 Street Address (P.O. Box Number is Not Acceptable): **9214 Roundwood Court**
 83
 84 City: **Tampa** FL 85 Zip Code: **33615**

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: *[Signature]* **Michael W. Simpson, Manager** DATE: **April 26, 1996**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCER, CHARLES A	
STREET ADDRESS	6211 S. DALE MABRY HWY	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Spencer, Charles A.	
1.3 STREET ADDRESS	4230 South MacDill Avenue, Suite 223	
1.4 CITY-ST-ZIP	Tampa, FL 33611	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Spencer, Janetlee	
2.3 STREET ADDRESS	4230 South MacDill Avenue, Suite 223	
2.4 CITY-ST-ZIP	Tampa, FL 33611	
3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Leckner, Donald Louis	
3.3 STREET ADDRESS	4230 South MacDill Avenue, Suite 223	
3.4 CITY-ST-ZIP	Tampa, FL 33611	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Spencer, Janetlee	
4.3 STREET ADDRESS	4230 South MacDill Avenue, Suite 223	
4.4 CITY-ST-ZIP	Tampa, FL 33611	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **CHARLES A. SPENCER** 4-26-96 (813) 837-4257
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)