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May 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094306

1. Corporation Name TOM K. SPENCER AND ASSOCIATES, INC.



Principal Place of Business 22160 TUCKAHOE RD ALVA FL 33920 US

Mailing Address PO BOX 747 ALVA FL 33920 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1995

4. FEI Number 65-0632576 Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.

2a. Mailing Address 26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State 23

27 City & State 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country

29 Zip 30 Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SPENCER, TOM K 22160 TUCKAHOE ROAD ALVA FL 33920

10. Name and Address of New Registered Agent

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 Tom K. Spencer

5/1/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 12 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for DELETE.

Table with 12 rows and 2 columns for Additions/Changes to Officers and Directors in 12. Includes fields for Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for Change and Addition.

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 other like empowered.

SIGNATURE: Tom K. Spencer

5/1/99

(941) 728-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)