FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000107284 (6)

PHILIP SPENCE RESIDENTIAL CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

FILED May 11 1998 8:00am Secretary of State



| 8945 QUAIL F WESLEY CHA | RUN DR. NPEL FL 33544 | 8945 QUAIL RUN DR. WESLEY CHAPEL FL 33544 | | | DO NOT WRITE IN | THIS SPACE | ٠. | |
|--|--|--|--------------|-----------------|--|----------------------|--------------------------|--|
| | 8 | | | ^ | 3. Date Incorporated or Qualified 12/22/1997 | | | |
| 2. Principal Place of Business 21. 89 45 046 CRV 226 89 45 Ours | | | | 2 1 | 4. FEI Number 3472382 | - - ' | oplied For | |
| 21 8995 (QUO, COKUM (V 26) 8999 (QUO, Suite, Apt. #, etc. | | | | 7UN-F1 | | <u>¢9.75</u> | ot Applicable Additional | |
| 22 evestay (bol 27 Westerne | | | | <u>D[]</u> | 5. Certificate of Status Desired | Fee Re | equired | |
| City & State City & State 28 City & State 28 | | | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees | |
| 210 33544 County SCO 20 33544 30 20 | | | | SID | This corporation owes or has paid the Personal Property Tax due June 30. | Yes Y | tangible ☑ No | |
| | e. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Regis | tered Agent | | |
| | ENÇE, PHILIP | | 81 | Name / | | | | |
| 8945 QUAIL RUN DR. | | | 82 | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
| WESLEY CHAPEL FL 33544 | | | 83 | | \longrightarrow | | | |
| | | | | | | | | |
| | | | 84 | City | | FL 85 Zip | Code | |
| 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 Storature, typed or printed name of registered agent and the if applicable (NOTE Registered Agent sig | | | | | | DATE | | |
| 12. | OFFICERS AND | DIRECTORS | X | | ADDITIONS/CHANGES TO OFFICER | | RS IN 12 | |
| TITLE | President Corner | □ DELETE | 1.1 NILE | į | | L Change | Madition | |
| NAME | Delich Costance | 12h | | ADDRESS | | | | |
| STREET ADDRESS | 8,73 | | 1.3 SINCE | 1 | | | | |
| CITY-ST-ZIP TITLE | DELETE 21 | | 2.1 TITLE | 5(-2)) | | ☐ Change | Addition | |
| NAME | -112 AM 127 5PE | Thee | 2.2 NAME | ļ | | | | |
| STREET ADDRESS | SUZAN 171 576 | ~ d~, | 2.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | Western Chaple | | 2. 4 CITY- | ST-ZIP | | | | |
| TITLE | _ | | 3.1 TITLE | | | L Change | Addition | |
| NAME | DM. C.p W Spene |)_ | 3.2 NAME | | | | | |
| STREET ADDRESS | 8945 puoil Run | 5 17 | 3.3 STREET | - | | | | |
| CITY-ST-ZIP | | | 3.4. CITY-1 | SI-ZIP | | Change | Addition | |
| TITLE NAME | TATILA TOUR A | | 4. 2 NAME | | | | | |
| STREET ADORESS | SUZON MUSPERE | ٠ الرّ | | ADDRESS | | | | |
| CITY-ST-ZIP | wester CHOP | 7. <i>FB</i> | 4.4 CHTY - S | | | | | |
| TITLE | DELETE 5.1 | | 5.1 TITLE | | | ☐ Change | Addition | |
| NAME | | | 52 NAME | | | | | |
| STREET ADDRESS | | | 5.3 STREET | F ADDRESS | | | 1 | |
| CITY-ST-ZIP | | | 5.4 CITY-S | ST-ZIP | | | 1 42.00 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | L. Change | Addition | |
| NAME | | | 6.2 NAME | | | | | |
| STREET ADDRESS | 1 | | 6.3 STREET | | | | | |
| CITY-ST-ZIP | continuits the information supplied with | this filing does not qualify for th | 6.4 CITY-S | otion stated in | n Section 119.07(3)(i), Florida Statutes, Lfurt | her certify that the | information | |
| 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. | | | | | | | | |