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

PROFIT CORPORATION. ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S22214 1. Corporation Name

SPENCER LIFT, INC.

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90029 025 \*\*\*150.00

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				MENT BLANK BY BY BY BY BY BY BY TARK
- Charleson	Mailing Address		·	-
Principal Place of Business  201A TOWER DR  201A TOWER DR  201A TOWER DR				20105
			DO NOT WRITE IN THIS	SPACE
OLDSMAR FL 34677	us		3. Date Incorporated or Qualifed	
US			12/21/1990	Applied For
·	Address		4. FEI Number	Not Applicable
2. Principal Place of Business	2a. Mailing Address		59-3051004	\$8.75 Additional
21	Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.	<del>├-</del> ¬	•		\$5.00 May Be
22	27		6. Election Campaign Financing	Added to Fees
-City & State	<b>├</b> ¬ ¯′		Trust Fund Contribution	
23	Zip	Country	8. This corporation owes the current year	∏Yes □No
Zip	29 30	<u></u> _	Personal Property Tax.  10. Name and Address of New Registere	d Agent
24 25 Address of Curren			10. Name and Address of New Rogisters	
9. Name and Address of Curren		81 Name		
		82 Street Add	dress (P.O. Box Number is Not Acceptable)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MILEY, R. SPENCER				
201A TOWER DR OLDSMAR FL 34677		83	्राष्ट्री (अस्तिक है) है। इसे प्राप्तिक स्थानित के स्थानित है। इसे प्राप्तिक स्थानित है। इसे प्राप्तिक स्थानित स्थानित है। इसे स्थानित स्थानित स्थानित है। इसे स्थानित स्थानित स्थानित स्थानित स्थानित स्थानित स्थानित स्थानि	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	•	84 City		85 Zip Code
		S4 City	L Cartha purpose	of changing its registered
207.05	2 and 607 1508, Florida Statutes,	, the above-named co	propration submits this statement for the parameters board of directors. I hereby accept the ap	pointment as registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig	of Florida. Such change was auth	norized by the corpora la Statutes.	allott's board of an are	•
agent. I am familiar with, and accept the oblig	ations of, Section 607.0505, Florid		DATE	
SIGNATURE	. (NOTE: R	egistered Agent signature req	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO CIT	☐ Change ☐ Addition
12.	☐ DELETE	1.1 TITLE	e grap, and	AND DIRECTORS IN 12  Change Addition
TITLE D		1.2 NAME	•	\ <b>\</b>
NAME MILEY, R. SPENCER		1.3 STREET ADDRESS		·
STREET ADDRESS 201A TOWER DR		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP OLDSMAR FL	☐ DELETE	2.1 TITLE		
TITLE D		2.2 NAME		,
NAME MILEY, PAUL J.		2.3 STREET ADDRESS		
STREET ADDRESS 17 MAPLEWOOD AVENUE		2.4 CITY-ST-ZIP		Change = Addition
CITY-ST-ZIP CLEARWATEER FL	DELETE: -	: 3.1-TITLE	The same of the sa	
TIPE D		3.2 NAME		
MILEY, NANCY A.		3.3 STREET ADDRESS	17 分類的第三人称	2000年の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
STREET ADDRESS 17 MAPLEWOOD AVENUE		3.4. CITY-ST-ZIP		Change 2 Addition
CITY-ST-ZIP CLEARWATEER FL	T) DELETE	4.1 TITLE		, , , , , , , , , , , , , , , , , , , ,
TITLE		4, 2 NAME		•
NAME NO MENTO.	A. " " !	4.3 STREET ADDRESS	,	
STREET ADDRESS	Perne Co	4.4 CITY-ST-ZIP		Change Addition
CITY-ST-ZIP	DELETE	5.1 TITLE	<del> </del>	. Change C.
TITLE	. Decem	5.2 NAME		.\
NAME		5.3 STREET ADDRESS		
STREET ADDRESS .		5.4 CITY-ST-ZIP	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change Addition
· 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.1 TITLE	1.	Change Addition
CITY-ST-ZIP	☐ DELETE	6.2 NAME		
SA ASS		6.3 STREET ADDRESS	,	•
NAME				
STREET ADDRESS		6.4 CITY-ST-ZIP	die Section 119 07(3)(i). Florida Statutes, I fur	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, with all other the empowered.