FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 4:52

DOCUMENT # **167075** **(1)**

1. Corporation Name
D-SMART, INC.

Principal Place of Business	Mailing Address
P O 686 709 S. MAIN ST. MOULTRIE GA 31768	709 SOUTH MAIN STREET ~~614 SOUTH MAIN STREET~~ MOULTRIE GA 31768 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/15/1951	3a. Date of Last Report: 03/29/1994
21	26: 709 South Main Street	4. FEI Number: 59-0663157	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28: Moultrie, Ga.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29: 31768 / Country 30: Colquitt	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

WILSON,MILDRED
2828 N. ATLANTIC AVE.
DAYTONA BEACH FL 32018

10. Name and Address of New Registered Agent

81 Name: Malvin Friedlander
82 Street Address (P.O. Box Number is Not Acceptable): Ocean Towers - Apt 605
83: 2800 N . Atlantic
84 City: Daytona Beach, FL 85 Zip Code: 32118

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: Malvin Friedlander — Malvin Friedlander — 2-1-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	FRIEDLANDER, JACK I	1.2 NAME	Matt Friedlander	
STREET ADDRESS	2ND ST SE	1.3 STREET ADDRESS	1809 South Main Street	
CITY-ST-ZIP	MOULTRIE, GA 0	1.4 CITY-ST-ZIP	Moultrie, GA. 31768	
TITLE	VT	2.1 TITLE	Vice-President	XX Change ☐ Addition
NAME	FRIEDLANDER, MATT	2.2 NAME	Jack Friedlander	
STREET ADDRESS	THOMASVILLE HIGHWAY	2.3 STREET ADDRESS	2220 2nd Street, S. E.	
CITY-ST-ZIP	MOULTRIE, GA 0	2.4 CITY-ST-ZIP	Moultrie, GA. 31768	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BROWNING,PATRICIA (ASST)	3.2 NAME		
STREET ADDRESS	1 OLD TRAM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MOULTRIE GA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME		4.2 NAME	Sue G. Hancock	
STREET ADDRESS		4.3 STREET ADDRESS	405 Camellia Drive	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Moultrie, GA. 31768	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: M Friedlander — 2-1-95 — (912) 985-1145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0470658 FP