

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 2: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **374621** (1)

1. Corporation Name
UNSMITH, INC.

Principal Place of Business
**5040 TALLOW POINT RD.
TALLAHASSEE FL 32308-2310**

Mailing Address
**5040 TALLOW POINT RD.
TALLAHASSEE FL 32308-2310**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/01/1971** 3a. Date of Last Report **07/06/1994**

4. FEI Number **59-1313061** 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 subscription tax under the Florida Statutes Yes No

2. Previous Place of Business 2a. Mailing Address
21. State Apt. # etc. 26. State Apt. # etc.
22. City & State 27. City & State
23. City & State 28. City & State
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, WILLIAM B.
5040 TALLOW POINT ROAD
TALLAHASSEE FL 32308**

81. Name
82. Street Address (P.O. Box Number or Not Applicable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0702 and 607.1108, 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, chairman or the appointment as registered agent. I, the undersigned, have accepted the delegation of Sections 607.0702, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. TITLE **D**
NAME **HENLEY, LINDA S**
STREET ADDRESS **29 CIRCLE DRIVE**
CITY, STATE, ZIP **CLYDE NC**

1. TITLE **P**
NAME **SMITH, MARY A**
STREET ADDRESS **5040 TALLOW POINT RD**
CITY, STATE, ZIP **TALLAHASSEE, FL 00000**

1. TITLE **STD**
NAME **SMITH WILLIAM, B**
STREET ADDRESS **5040 TALLOW POINT RD**
CITY, STATE, ZIP **TALLAHASSEE, FL 00000**

1. TITLE **VD**
NAME **SMITH, DARRELL W**
STREET ADDRESS **1905 TY TY ROAD**
CITY, STATE, ZIP **TALLAHASSEE, FL 00000**

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP

*P.O. Box 576 "NA"
Lake Junaluska TN, C. 28745*

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am duly qualified for the corporation stated in Section 119.01(1)(b), 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 officer 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 unchanged or on an additional block with an address.

SIGNATURE:

William B. Smith Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM B. SMITH

4-26-95

893-3719