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CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JAN 17 AM 11: 57

DOCUMENT # 604088 (5)

1. Corporation Name W. KELLY SMITH, P.A.

Principal Place of Business Mailing Address 405 MELANIE WAY MAITLAND FL 32751 405 MELANIE WAY MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/17/1973 3a. Date of Last Report 01/21/1994

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1438112 Applied For Not Applicable

21 Suite, Apt. #, etc 27 Suite, Apt. #, etc

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

W. KELLY SMITH 405 MELANIE WAY MAITLAND FL 32751

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

Signature (Typed or printed name of registered agent and his or her address)

(If 31) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY ST ZIP. Rows include PSD SMITH, W. KELLY and S SMITH, L R.

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY ST ZIP. Includes checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this report is accurate and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation and am duly appointed or have been empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report on a form identical to this one.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON OBLIGATION

1/11/95

(407) 843-7300