

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 685677

(7)

1. Corporation Name

C.W. SMITH ADVERTISING, INC.

Principal Place of Business

**14000 ROOSEVELT BLVD.
CLEARWATER FL 34622**

Mailing Address

**14000 ROOSEVELT BLVD.
CLEARWATER FL 34622**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/27/1980

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2024163

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 intangible tax under S. 193.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 710 94th Avenue, N.

2a. Mailing Address

26 710 94th Avenue, N.

Suite, Apt. #, etc.

22 Suite 309

Suite, Apt. #, etc.

27 Suite 309

City & State

23 St. Petersburg, FL

City & State

28 St. Petersburg, FL

Zip

24 33702

Country

25 Pinellas

Zip

29 33702

Country

30 Pinellas

9. Name and Address of Current Registered Agent

**SMITH, CHARLES W.
14000 ROOSEVELT BLVD.
CLEARWATER FL 34622**

10. Name and Address of New Registered Agent

81 Name

Smith, Charles W.

82 Street Address (P.O. Box Number is Not Acceptable)

710 94th Avenue, N.

83

Suite 309

84 City

St. Petersburg,

FL

85 Zip Code

33702

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 date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SMITH, CHARLES W.
STREET ADDRESS	9425 BLIND PASS ROAD
CITY - ST - ZIP	ST PETE BEACH FL
TITLE	VTD
NAME	SMITH, DIANA M.
STREET ADDRESS	9425 BLIND PASS ROAD
CITY - ST - ZIP	ST PETE BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

Charles W. Smith, P/S/D

4/12/95

813-570-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number