SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $185 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9: 12

DOCUMENT # 764714 (2)

1. Corporation Name

SMPS FLORIDA CHAPTER, INC.

Principal Place of Business: 245 BAYSHORE BLVD. TAMPA FL 33606

Mailing Address: 245 BAYSHORE BLVD. TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/26/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2648921 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4902 Eisenhower Blvd.	26 4902 Eisenhower Blvd.
Suite, Apt #, etc: 22 Suite 281	Suite, Apt #, etc: 27 Suite 281
City & State: 23 Tampa, FL	City & State: 28 Tampa, FL
Zip: 24 33634 — Country: 25 USA	Zip: 29 33634 — Country: 30 USA

9. Name and Address of Current Registered Agent

MEHLTRETTER, JAMES R
245 BAYSHORE BLVD.
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name: ETHERIDGE, MARILYN K.
82 Street Address (P.O. Box Number is Not Acceptable): 4902 Eisenhower Blvd.
83 Suite 281
84 City: Tampa FL 85 Zip Code: 33634

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] Marilyn K. Etheridge President — June 11, 1995
(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	
TITLE	PD	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	MEHLTRETTER, JAMES R	12 NAME	ETHERIDGE, MARILYN K.
STREET ADDRESS	245 BAYSHORE BLVD.	13 STREET ADDRESS	4902 Eisenhower Blvd., Suite 281
CITY ST ZIP	TAMPA FL 33606	14 CITY ST ZIP	Tampa, FL 33634
TITLE	V	21 TITLE	Vice President ☒ Change ☐ Addition
NAME	VANDER POL, JACKIE	22 NAME	TREMEL, SUSAN G.
STREET ADDRESS	1950 SUMMIT PARK DR., #300	23 STREET ADDRESS	1715 N.Westshore Blvd., Suite 500
CITY ST ZIP	ORLANDO FL 32810-5931	24 CITY ST ZIP	Tampa, FL 33607
TITLE	TD	31 TITLE	Treasurer T ☒ Change ☐ Addition
NAME	TREMEL, SUSAN	32 NAME	DRIGGERS, LAURIE M.
STREET ADDRESS	1715 N. WESTSHORE BLVD. #500	33 STREET ADDRESS	12220 49th Street North
CITY ST ZIP	TAMPA FL 33607	34 CITY ST ZIP	Clearwater, FL 34622
TITLE	D	41 TITLE	Secretary ☒ Change ☐ Addition
NAME	KENT, JOAN	42 NAME	JAMES, PAUL E.
STREET ADDRESS	100 W. KENNEDY BLVD. #710	43 STREET ADDRESS	402 S.North Lake Blvd., Suite 1004
CITY ST ZIP	TAMPA FL 33602	44 CITY ST ZIP	Altamonte Springs, FL 32701
TITLE	D	51 TITLE	Director ☒ Change ☐ Addition
NAME	MCKENZIE, GLENN	52 NAME	MEHLTRETTER, JAMES R.
STREET ADDRESS	4919 W. LAUREL ST.	53 STREET ADDRESS	245 Bayshore Blvd.
CITY ST ZIP	TAMPA FL 33607	54 CITY ST ZIP	Tampa, FL 33606
TITLE	SD	61 TITLE	Director ☒ Change ☐ Addition
NAME	CARLSSON, ANITA	62 NAME	WARDEN, LORI
STREET ADDRESS	P.O. BOX 520128 N/A	63 STREET ADDRESS	4919 West Laurel Street
CITY ST ZIP	LONGWOOD FL 32752-0128	64 CITY ST ZIP	Tampa, FL 33607

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — June 11, 1995 — 813/888-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marilyn K. Etheridge, President

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