

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G94133** (7)
1. Corporation Name
SMOOT ADAMS EDWARDS & GREEN, P.A.



Principal Place of Business Mailing Address
12800 UNIVERISTY DRIVE, STE 600
P O BOX 06259
FT MYERS FL 33907

3. Date Incorporated or Qualified **03/30/1984** 3a. Date of Last Report **01/24/1996**
4. FEI Number **59-2397224** 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. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**GREEN, BRUCE D.
12800 UNIVERSITY DR, STE 600
FT. MYERS FL 33907**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VD
NAME	SMOOT, J. TOM, JR.	1.2 NAME	Crevasse, Clayton W.
STREET ADDRESS	12800 UNIVERSITY DR, 600	1.3 STREET ADDRESS	12800 University Dr., #600
CITY - ST - ZIP	FT MYERS FL	1.4 CITY - ST - ZIP	Ft. Myers, FL 33907
TITLE	CEO	2.1 TITLE	VD
NAME	EDWARDS, CHARLES B.	2.2 NAME	Cheffer, M Brian
STREET ADDRESS	12800 UNIVERSITY DRIVE, 600	2.3 STREET ADDRESS	12800 University Dr., #600
CITY - ST - ZIP	FT. MYERS FL	2.4 CITY - ST - ZIP	Ft. Myers, FL 33907
TITLE	S TD	3.1 TITLE	VD
NAME	GREEN, BRUCE D.	3.2 NAME	Brinson, Melville, G
STREET ADDRESS	12800 UNIVERSITY DR.--#600	3.3 STREET ADDRESS	12800 University Dr., #600
CITY - ST - ZIP	FT. MYERS FL	3.4 CITY - ST - ZIP	Ft. Myers, FL 33907
TITLE	DV	4.1 TITLE	
NAME	ADAMS, HAL	4.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR, 600	4.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	4.4 CITY - ST - ZIP	
TITLE	V D	5.1 TITLE	
NAME	WINER, STEVEN I.	5.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR, 600	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	
NAME	KOMRAY, MARK R.	6.2 NAME	
STREET ADDRESS	12800 UNIVERSITY DR.--#600	6.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Crevasse, Clayton W.
1.3 STREET ADDRESS	12800 University Dr., #600
1.4 CITY - ST - ZIP	Ft. Myers, FL 33907
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cheffer, M Brian
2.3 STREET ADDRESS	12800 University Dr., #600
2.4 CITY - ST - ZIP	Ft. Myers, FL 33907
3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Brinson, Melville, G
3.3 STREET ADDRESS	12800 University Dr., #600
3.4 CITY - ST - ZIP	Ft. Myers, FL 33907
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, and 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 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: _____ DATE: **1/18/97** TELEPHONE: **941-489-1776**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____

CR2E034 (9/96)