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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



FLORIDA STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G94383** (8)

1. Corporation Name
WHARTON-SMITH, INC.

Principal Place of Business	Mailing Address
750 COUNTY RD 15 BOX 471028 LAKE MONROE FL 32747-8028	750 COUNTY RD 15 BOX 471028 LAKE MONROE FL 32747-8028

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1984	3a. Date of Last Report 04/08/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2392802	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country		
29. Zip	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, GEORGE E. 750 COUNTY RD 15 LAKE MONROE FL 32747		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 607.0602 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 registering.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GEORGE E.	1.2 NAME	
STREET ADDRESS	108 SWEETWATER BLVD. S.	1.3 STREET ADDRESS	
CITY, ST, ZIP	LONGWOOD FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHARTON, WILLIAM R.	2.2 NAME	
STREET ADDRESS	120 LAKE DESTINY TRAIL	2.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPCS. FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNLE, BRIAN P	3.2 NAME	
STREET ADDRESS	125 MEADOW BLVD	3.3 STREET ADDRESS	
CITY, ST, ZIP	SANFORD FL	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WILLIAM C JR	4.2 NAME	
STREET ADDRESS	875 FRANCIS ST	4.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPRINGS FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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 119.02(9)(b), Florida Statutes. I further certify that the information included 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: *George E. Smith*
 SIGNATURE PRINTED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GEORGE E SMITH

413495
 907
 830-8393
 (Daytime Phone #)