

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G94383 (8)

1. Corporation Name
WHARTON-SMITH, INC.



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

3. Date Incorporated or Qualified: **04/02/1984**
3a. Date of Last Report: **04/07/1995**
4. FEI Number: **59-2392802**
5. Certificate of Status Desired: **\$8.75 Additional Fees 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 (21-24)
2a. Mailing Address (25-28)
22. City & State
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent: **SMITH, GEORGE E., 750 COUNTY RD 15, LAKE MONROE FL 32747**
10. Name and Address of New Registered Agent (81-85)

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	NAME: SMITH, GEORGE E.	1.1 TITLE:	NAME:
STREET ADDRESS: 106 SWEETWATER BLVD. S.	CITY-ST-ZIP: LONGWOOD FL	1.2 NAME:	1.3 STREET ADDRESS:
TITLE: D	NAME: WHARTON, WILLIAM R.	1.4 CITY-ST-ZIP:	2.1 TITLE:
STREET ADDRESS: 120 LAKE DESTINY TRAIL	CITY-ST-ZIP: ALTAMONTE SPGS. FL	2.2 NAME:	2.3 STREET ADDRESS:
TITLE: V	NAME: KUHNLE, BRIAN P.	2.4 CITY-ST-ZIP:	3.1 TITLE:
STREET ADDRESS: 125 MEADOW BLVD	CITY-ST-ZIP: SANFORD FL	3.2 NAME:	3.3 STREET ADDRESS:
TITLE: S	NAME: ROBINSON, WILLIAM C JR	3.4 CITY-ST-ZIP:	4.1 TITLE:
STREET ADDRESS: 875 FRANCIS ST	CITY-ST-ZIP: ALTAMONTE SPRINGS FL	4.2 NAME:	4.3 STREET ADDRESS:
TITLE:	NAME:	4.4 CITY-ST-ZIP:	5.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.3 STREET ADDRESS:
TITLE:	NAME:	5.4 CITY-ST-ZIP:	6.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.3 STREET ADDRESS:
TITLE:	NAME:	6.4 CITY-ST-ZIP:	7.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	7.2 NAME:	7.3 STREET ADDRESS:
TITLE:	NAME:	7.4 CITY-ST-ZIP:	8.1 TITLE:
STREET ADDRESS:	CITY-ST-ZIP:	8.2 NAME:	8.3 STREET ADDRESS:
TITLE:	NAME:	8.4 CITY-ST-ZIP:	8.5 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: *[Signature]* DATE: **4/24/96** (407) 830-9393

CR2E034 (12/95)