

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G94383 (8)**

1. Corporation Name  
**WHARTON-SMITH, INC.**



Principal Place of Business <b>750 COUNTY RD 15 BOX 471028 LAKE MONROE FL 32747-0028</b>	Mailing Address <b>750 COUNTY RD 15 BOX 471028 LAKE MONROE FL 32747-1028</b>
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3. Date Incorporated or Qualified <b>04/02/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2392802</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

**SMITH, GEORGE E.  
750 COUNTY RD 15  
LAKE MONROE FL 32747**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, GEORGE E.	
STREET ADDRESS	108 SWEETWATER BLVD. S.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHARTON, WILLIAM R.	
STREET ADDRESS	120 LAKE DESTINY TRAIL	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUHLE, BRIAN P	
STREET ADDRESS	125 MEADOW BLVD	
CITY-ST-ZIP	SANFORD FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBINSON, WILLIAM C JR	
STREET ADDRESS	875 FRANCIS ST	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DAVOLI, RONALD F.	
STREET ADDRESS	10125 PINK CARNATION CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLANAGAN, RAYMOND W.	
STREET ADDRESS	2202 WHITLOCK PLACE	
CITY-ST-ZIP	DOVER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SWEENEY, ALICIA M.	
1.3 STREET ADDRESS	1031 TERRACE BLVD	
1.4 CITY-ST-ZIP	ORLANDO, FL 32803	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCURDY CHARLES A.	
2.3 STREET ADDRESS	401 RINGWOOD CIR	
2.4 CITY-ST-ZIP	WINTER SPRING, FL 32708	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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. 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 \_\_\_\_\_ DATE **4/29/97** 407 830-8393

CR2E034 (9/96)