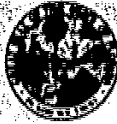


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:46

**DOCUMENT # H79813 (2)**

1. Corporation Name

**WILLIAMS, SMITH & SUMMERS, P.A.**

Principal Place of Business

**360 W ALFRED ST  
TAVARES FL 32778**

Mailing Address

**360 W ALFRED ST  
TAVARES FL 32778**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/03/1985**

3a. Date of Last Report  
**02/15/1994**

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number  
**59-2602538**

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

23

City & State

28

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

24

Country

25

Zip

29

Country

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**SUMMERS, GARY L.  
360 W. ALFRED ST  
TAVARES FL 32778**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DVT  
WILLIAMS, ROBERT O.  
5233 BANANA POINT DRIVE  
OKAHUMPKA FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DP  
SMITH, CHRISTOPHER J.  
34034 PARK LANE  
LEESBURG FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DS  
SUMMERS, GARY L.  
34028 PARK LANE  
LEESBURG FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE:

*Gary L. Summers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary L. Summers

4/5/95

(904) 343-6655

(S1)

(S2, S3, S4, S5, S6, S7, S8)