

**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 # **K19469 (1)**

1. Corporation Name  
**MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT, P. A.**



Principal Place of Business Mailing Address  
**% DAVID A. MONACO  
P O BOX 15200  
DAYTONA BEACH FL 32115**

3. Date Incorporated or Qualified **03/24/1988** 3a. Date of Last Report **02/09/1995**  
4. FEI Number **59-2880513** 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 28 Country  
24 Zip 25 Country 29 Zip 30 Country

**9. Name and Address of Current Registered Agent**

**MONACO, DAVID A.  
444 SEABREEZE BLVD.  
SUITE 900  
DAYTONA BEACH FL 32018**

**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 607.0506, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MONACO, DAVID A.</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD STE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>HOOD, CHARLES DAVID JR</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD STE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>PERKINS, TERENCE R.</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD STE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>LARRY R. STOUT</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD STE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>STVP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAM E. LOUCKS</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD STE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BCH. FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JR. H</b>	
STREET ADDRESS	<b>444 SEABREEZE BLVD., SUITE 900</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Director/Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Monaco, David A.</b>	
1.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
1.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
2.1 TITLE	<b>Director/Secretary-Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Orfinger, Michael S.</b>	
2.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
2.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
3.1 TITLE	<b>Director/Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Perkins, Terence R.</b>	
3.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
3.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
4.1 TITLE	<b>Director/President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Stout, Larry R.</b>	
4.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
4.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
5.1 TITLE	<b>Director/ Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Loucks, William E.</b>	
5.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
5.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	
6.1 TITLE	<b>Director/ Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Smith, Jr., Horace</b>	
6.3 STREET ADDRESS	<b>444 Seabreeze Blvd., Suite 900</b>	
6.4 CITY-ST-ZIP	<b>Daytona Beach, FL 32118</b>	

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: *David A. Monaco*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/96 (904) 254-6875*  
DATE TIME PHONE

CR2E034 (12/95)