

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90092 040 \*\*\*150.00

**DOCUMENT # K19469**

1. Corporation Name

SMITH, HOOD, PERKINS, LOUCKS, STOUT, ORFINGER &  
SELIS, P.A.

Principal Place of Business

Mailing Address

C/O WILLIAM E LOUCKS  
444 SEABREEZE BLVD STE 900  
DAYTONA BEACH FL 32118  
US

C/O WILLIAM E LOUCKS  
P O BOX 15200  
DAYTONA BEACH FL 32115  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1988

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUCKS, WILLIAM E  
444 SEABREEZE BLVD  
STE 900  
DAYTONA BEACH FL 32118

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST ☐ DELETE  
NAME ORFINGER, MICHAEL S  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH FL 32118

1.1 TITLE PDT ☒ Change ☐ Addition  
1.2 NAME Orfinger, Michael S.  
1.3 STREET ADDRESS 444 Seabreeze Blvd. Ste 900  
1.4 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE DV ☐ DELETE  
NAME SELIX, SCOTT A  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH FL 32118

2.1 TITLE DS ☒ Change ☐ Addition  
2.2 NAME LOUCKS, William E.  
2.3 STREET ADDRESS 444 Seabreeze Blvd. Ste 900  
2.4 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE DV ☐ DELETE  
NAME PERKINS, TERENCE R  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH FL 32118

3.1 TITLE DV ☐ Change ☒ Addition  
3.2 NAME Hood, Charles D. Jr.  
3.3 STREET ADDRESS 444 Seabreeze Blvd. Ste 900  
3.4 CITY-ST-ZIP Daytona Beach, FL 32118

TITLE DV ☐ DELETE  
NAME STOUT, LARRY R  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH FL

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

TITLE DP ☐ DELETE  
NAME LOUCKS, WILLIAM E  
STREET ADDRESS 444 SEABREEZE BLVD STE 900  
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

TITLE DV ☐ DELETE  
NAME SMITH, HORACE JR  
STREET ADDRESS 444 SEABREEZE BLVD., SUITE 900  
CITY-ST-ZIP DAYTONA BEACH FL 32118

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

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/30/99 (904) 254-6873

Daytime Phone #

CR2F034 (11/98)