

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G94383

**FILED**  
**Jan 05, 2015**  
**Secretary of State**  
**CC7737647493**

**Entity Name:** WHARTON-SMITH, INC.

**Current Principal Place of Business:**

750 MONROE RD  
SANFORD, FL 32771

**Current Mailing Address:**

PO BOX 471028  
LAKE MONROE, FL 32747 US

**FEI Number:** 59-2392802

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DAVOLI, RONALD F  
750 MONROE RD  
SANFORD, FL 32771 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CD  
Name SMITH, GEORGE E  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title D  
Name WHARTON, WILLIAM R  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title VS  
Name LEWIS, DEVON A  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title PDT  
Name DAVOLI, RONALD F  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title V  
Name SMITH, TIMOTHY S  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title DIV. MGR  
Name MARCELL , KENNETH E III  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

Title V  
Name HEWITT, PATRICK J  
Address 750 MONROE RD  
City-State-Zip: SANFORD FL 32771

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DEVON A LEWIS

**VP /SECRETARY**

**01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date