

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J75992

**Entity Name:** SMITH, THOMPSON, SHAW, COLON & POWER, P.A.**Current Principal Place of Business:**3520 THOMASVILLE ROAD  
FOURTH FL  
TALLAHASSEE, FL 32309**Current Mailing Address:**3520 THOMASVILLE ROAD  
FOURTH FL  
TALLAHASSEE, FL 32309 US**FEI Number:** 59-2809077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, W. CRIT  
3520 THOMASVILLE ROAD  
FOURTH FL  
TALLAHASSEE, FL 32309 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	D
Name	SHAW, III, FRANK S
Address	3904 WEST MILLERS BRIDGE RD.
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	THOMPSON, SUSAN S.
Address	8515 CONGRESSIONAL DR
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	SMITH, W. CRIT
Address	4510 ROCKBRIDGE HOLLOW
City-State-Zip:	TALLAHASSEE FL 32308

Title	D
Name	COLON, MARY W
Address	3520 THOMASVILLE ROAD, 4TH FLOOR
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	POWERS, ANDREW J.
Address	3520 THOMASVILLE ROAD FOURTH FL
City-State-Zip:	TALLAHASSEE FL 32309

*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:** SUSAN S. THOMPSON**DIRECTOR****01/24/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date