

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **134206** (2)

1. Corporation Name
SMYTH LUMBER COMPANY



Principal Place of Business Mailing Address
C/O DONALD J SMYTH
6363 EDGEWATER DR. POB 7399
ORLANDO FL 32810-4719

3. Date Incorporated or Qualified **04/06/1937** 3a. Date of Last Report **04/25/1995**
4. FEI Number **59-0453615** 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 State, Apt. #, etc 26 State, Apt. #, etc
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**SMYTH, DONALD J
6363 EDGEWATER DR
ORLANDO FL 32810**

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 607.0509 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 607.0509, Florida Statutes.

SIGNATURE _____ DATE _____
I, _____, Registered Agent, sign this report as required by law.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH JR, DONALD J	12. NAME	
STREET ADDRESS	6363 EDGEWATER DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	14. CITY-STATE-ZIP	
TITLE	STD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, JAMES R	22. NAME	
STREET ADDRESS	6363 EDGEWATER DR.	23. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	24. CITY-STATE-ZIP	
TITLE	VD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, KENNETH M	32. NAME	
STREET ADDRESS	6363 EDGEWATER DR.	33. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO, FL 00000	34. CITY-STATE-ZIP	
TITLE	VD	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, MICHAEL D.	42. NAME	
STREET ADDRESS	6363 EDGEWATER DR.	43. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	44. CITY-STATE-ZIP	
TITLE	PD	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMYTH, DONALD J. SR.	52. NAME	
STREET ADDRESS	6363 EDGEWATER DR.	53. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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: *Donald J. Smyth* Pres - DONALD J. SMYTH 1/17/96 407-291-2641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)