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CORPORATION
ANNUAL REPORT
1995



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

95 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 145563

(3)

1. Corporation Name

IVY H. SMITH COMPANY

Principal Place of Business

P.O. BOX 20024
GREENSBORO NC 27420

Mailing Address

P.O. BOX 20024
GREENSBORO NC 27420

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/19/1946

3a. Date of Last Report

05/01/1994

4. FEI Number

59-0452210

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

21 16 C OAK BRANCH DR

Suite, Apt. #, etc.

2a. Mailing Address

28 P O Box 18445

Suite, Apt. #, etc.

22 City & State

23 GREENSBORO NC

Zip

Country

25 Guilford

27 City & State

28 GREENSBORO NC

Zip

Country

29 27419

30 Guilford

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
CANNADY, GARY M
6621 ASHEVILLE HWY
KNOXVILLE TN

D
ADAMS, JR L
450 AUSTRALIAN AVE S
WEST PALM BEACH FL

T
BETLACH, DOUGLAS J
450 AUSTRALIAN AVE STE 860
W PALM BCH FL

VPD
PLEDGER, THOMAS R
450 AUSTRALIAN AVE S
W PALM BCH FL

S
FRAZIER, PATRICIA B
450 AUSTRALIAN AVE STE 860
W PALM BCH FL

ASST
EVANS, JAMES H
2401-A MONTREAL AVE
GREENSBORO NC

13. PREVIOUS CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

THOMAS E SCOTT

16 C OAK BRANCH DRIVE

GREENSBORO NC 27407

WEST PALM BEACH FL 33401

WEST PALM BEACH FL 33401

WEST PALM BEACH FL 33401

WEST PALM BEACH FL 33401

WEST PALM BEACH FL 33401

WEST PALM BEACH FL 33401

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WEST PALM BEACH FL 33401

SIGNATURE:

James H Evans

JAMES H EVANS

4-26-95 910-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary/Treasurer for Ivy H Smith Co

0476037 FF