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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **145563** **(3)**

1. Corporation Name

IVY H. SMITH COMPANY

Principal Place of Business	Mailing Address
16 C OAK BRANCH DRIVE GREENSBORO NC 27407 US	PO BOX 18445 GREENSBORO NC 27419 US

3. Date Incorporated or Qualified: **01/19/1946**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 **4440 PGA BOULEVARD**
Suite, Apt. #, etc.
22 **SUITE 600**
City & State
23 **PALM BEACH GARDENS, FL**
Zip 24 **33410** Country 25 **USA**

2a. Mailing Address
26 **4440 PGA BOULEVARD**
Suite, Apt. #, etc.
27 **SUITE 600**
City & State
28 **PALM BEACH GARDENS, FL**
Zip 29 **33410** Country 30 **USA**

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

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)
100001735271
-03/07/96--01015--018
83 ***200.00
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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CANNADY, GARY M		1.2 NAME	RONALD L. ROSEMAN
STREET ADDRESS	6621 ASHEVILLE HWY		1.3 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	KNOXVILLE TN		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ADAMS, JR L		2.2 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE S		2.3 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410
TITLE	T	☐ DELETE	3.1 TITLE	XX Change ☐ Addition
NAME	BETLACH, DOUGLAS J		3.2 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE STE 860		3.3 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410
TITLE	VPD	☐ DELETE	4.1 TITLE	XX Change ☐ Addition
NAME	PLEDGER, THOMAS R		4.2 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE S		4.3 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410
TITLE	S	☐ DELETE	5.1 TITLE	XX Change ☐ Addition
NAME	FRAZIER, PATRICIA B		5.2 NAME	
STREET ADDRESS	450 AUSTRALIAN AVE STE 860		5.3 STREET ADDRESS	4440 PGA BOULEVARD, SUITE 600
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FLORIDA 33410
TITLE	ASST	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	EVANS, JAMES H		6.2 NAME	
STREET ADDRESS	16 C OAK BRANCH DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC		6.4 CITY-ST-ZIP	

CWE 3/6/96

CR2E034 (12/95)

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)(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.

SIGNATURE: _____ TREASURER 1/24/96 (407) 627-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #