FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:26

DOCUMENT # **219750** **(7)**

1. Corporation Name
W.A. SMITH, INC

Principal Place of Business	Mailing Address
HIGHWAY 17-700 A P.O.BOX 123 NOCATEE FL 33864	HIGHWAY 17-700 A P.O.BOX 123 NOCATEE FL 33864

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1959
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21: 5682 S W Smith Ave
22 Suite, Apt. #, etc.: P.O Box 123
23 City & State: NOCATEE FL
24 Zip: 33864
25 Country: USA

2a. Mailing Address
26:
27 Suite, Apt. #, etc.: P.O Box 123
28 City & State: NOCATEE FL
29 Zip: 33864
30 Country: USA

4. FEI Number: 59-0795977 ☐ 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

SMITH, M. JANYCE
5682 SMITH AVE.
NOCATEE FL 33864

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: M. Janyce Smith D.S.TR. M JANYCE SMITH 2/13/95
(Signature and printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	SMITH JERI LYNN	12 NAME	
STREET ADDRESS	8680 NORTH GLEN APT. 251	13 STREET ADDRESS	
CITY-ST-ZIP	FRESNO, CA 93711	14 CITY ST ZIP	
TITLE	D S TR	21 TITLE	☐ Change ☐ Addition
NAME	SMITH,M JANYCE	22 NAME	
STREET ADDRESS	5682 SMITH AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	SMITH,LESSIE S	32 NAME	
STREET ADDRESS	5682 SMITH AVE.	33 STREET ADDRESS	
CITY ST ZIP	NOCATEE FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, RODNEY A.	42 NAME	
STREET ADDRESS	6033 TULIP CIRCLE	43 STREET ADDRESS	
CITY-ST-ZIP	QUARTZ HILL, CA 93536	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBIN L.	52 NAME	
STREET ADDRESS	12245 CHANDLERS #103	53 STREET ADDRESS	
CITY ST ZIP	NORTH HOLLYWOOD, CA 91607	54 CITY ST ZIP	
TITLE	D V P	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, ZONA	62 NAME	
STREET ADDRESS	5750 SMITH AVE.	63 STREET ADDRESS	
CITY ST ZIP	NOCATEE, FL 33864	64 CITY ST 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, Fla. 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: M. Janyce Smith 2/13/95 8134941458
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
M. JANYCE SMITH

0448027 FP