FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **258025** **(6)**

1. Corporate Name
SMITH'S TOWN SHOP, INC.

Principal Place of Business
123 MIRACLE STRIP PKY S E
FT WALTON BEACH FL 32548

Mailing Address
123 MIRACLE STRIP PKY S E
FT WALTON BEACH FL 32548-5817

2. Principal Place of Business
21 | Street, Apt. #, etc.
22 | City & State
23 | Zip | Country
24 | 25

2a. Mailing Address
26 | Street, Apt. #, etc.
27 | City & State
28 | Zip | Country
29 | 30

3. Date Incorporated or Qualified: **04/16/1962**

3a. Date of Last Report: **06/25/1996**

4. FEI Number: **59-0973441** ☐ 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,H GENE
123 MIRACLE STRIP PKWAY, SE
FORT WALTON BEACH FL 32548

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 (and/or as an officer or director) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
Title: PD Name: SMITH,H GENE Street Address: 123 MIRACLE STRIP PKY SE City-St-Zip: FT WALTON BEACH FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
Title: VD Name: SMITH,GLORIA NELL Street Address: 123 MIRACLE STRIP PKY SE City-St-Zip: FT WALTON BEACH FL	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
Title: Name: Street Address: City-St-Zip:	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: H. Gene Smith 2-11-97 904-243-1714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
H. GENE SMITH - PRESIDENT