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 MAR 20 PM 2:06

DOCUMENT # **259444** **(8)**

1. Corporation Name
BERT SMITH LEASING, INC

Principal Place of Business	Mailing Address
3800 34TH STREET NORTH P.O. BOX 10640 ST PETERSBURG FL 33733	3800 34TH STREET NORTH P.O. BOX 10640 ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
05/23/1962	04/08/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-0952683** ☐ 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

REINTHALER, MARTIN P.
3800 34TH STREET NORTH
ST PETERSBURG FL 33714

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH JR, E.W.	12 NAME	
STREET ADDRESS	1826 BRIGHTWATERS BLVD	13 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, III, E.W.	22 NAME	
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	23 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, BARBARA G.	32 NAME	
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	33 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, C.W.	42 NAME	
STREET ADDRESS	11601 4TH ST. N. #1508	43 STREET ADDRESS	
CITY ST ZIP	ST PETERSBURG FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	CHATHAM, KIMBERLY SMITH	52 NAME	Chatham, Kimberly Smith
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	53 STREET ADDRESS	1826 Brightwaters Blvd.
CITY ST ZIP	ST PETERSBURG FL	54 CITY ST ZIP	St, Petersburg, Fl
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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(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: E. W. Smith, Jr. March 24, 1995 813 527-1111
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — Date — Daytime Phone #
E.W. Smith, Jr.

0312007 CP