

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 259444

(8)

1. Corporation Name

BERT SMITH LEASING, INC



Principal Place of Business

3800 34TH STREET NORTH
P.O. BOX 10640
ST PETERSBURG FL 33733

Mailing Address

3800 34TH STREET NORTH
P.O. BOX 10640
ST PETERSBURG FL 33733

3. Date Incorporated or Qualified
05/23/1962

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

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

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 or officer or director)

(NOTE: Registered Agent signature required after recording)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	SMITH JR, E.W.	
STREET ADDRESS	1826 BRIGHTWATERS BLVD	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	VD	☐ DELETE
NAME	SMITH, III, E.W.	
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	SMITH, BARBARA G.	
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	SMITH, C.W.	
STREET ADDRESS	11601 4TH ST. N. #1508	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE	D	☐ DELETE
NAME	CHATHAM, KIMBERLY SMITH	
STREET ADDRESS	1826 BRIGHTWATERS BLVD.	
CITY-STATE-ZIP	ST PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. W. Smith, III

2/7/96

813 527-1111

Date

County Phone

CR2E034 (12/95)