

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 19 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 # 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 33733-0640



3. Date Incorporated or Qualified 05/23/1962  
3a. Date of Last Report 02/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

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

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SMITH JR, E.W.  
STREET ADDRESS 1826 BRIGHTWATERS BLVD  
CITY-ST-ZIP ST PETERSBURG FL

TITLE VD  
NAME SMITH, M, E.W.  
STREET ADDRESS 1826 BRIGHTWATERS BLVD.  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME SMITH, BARBARA G.  
STREET ADDRESS 1826 BRIGHTWATERS BLVD.  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME SMITH, C.W.  
STREET ADDRESS 11801 4TH ST. N. #1508  
CITY-ST-ZIP ST PETERSBURG FL

TITLE D  
NAME CHATHAM, KIMBERLY SMITH  
STREET ADDRESS 1826 BRIGHTWATERS BLVD.  
CITY-ST-ZIP ST PETERSBURG FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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

2/12/97

Date

813-527-1111

Daytime Phone

CR2E034 (9/96)