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

APPROVED AND FILED
'95 APR 28 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **284648** **(3)**

1. Corporation Name
SMOAK GROVES, INC.

Principal Place of Business	Mailing Address
1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852	1025 COUNTY ROAD 17 NORTH LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1964	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1082258	☐ 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	

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

9. Name and Address of Current Registered Agent

SMOAK, JOHN F., JR.
1025 COUNTY RD 17 NORTH
LAKE PLACID FL 33852

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, ANNE G.	1.2 NAME		
STREET ADDRESS	402 LAKE JUNE DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	PDT	2.1 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, JOHN F. JR	2.2 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	2.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	C	3.1 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, SUSAN H	3.2 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	3.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	VSD	4.1 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, EDWARD L	4.2 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	4.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	AS	5.1 TITLE	☒ Change ☐ Addition	
NAME	EURES, LEIGH S.	5.2 NAME		
STREET ADDRESS	1025 COUNTY RD. 17 NORTH	5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	Lake Placid, FL 33852	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition	
NAME	SMOAK, PHYLLIS L.	6.2 NAME		
STREET ADDRESS	RT. 1, BOX 131	6.3 STREET ADDRESS		
CITY-ST-ZIP	ZOLFO SPRINGS FL	6.4 CITY-ST-ZIP	Zolfo Springs, FL 33890	

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: John F. Smoak Jr. John F. Smoak, Jr. 4/21/95 813-465-2561
SIGNATURE AND TYPED OR PRINTED NAME OF IND. OFFICER OR DIRECTOR — Date — Daytime Phone #

0317181 CP

Smoak Groves, Inc.
1025 County Road 17 North
Lake Placid, Florida 33852

(813) 465-2561
FAX (813) 465-7301

Susan H. Smoak
Chairman of the Board

John F. Smoak, Jr.
President

Edward L. Smoak
Vice President and Secretary

284648

13. Continued CHANGES TO OFFICERS AND DIRECTORS

TITLE	A/V/D
NAME	JOHN F. SMOAK, III
STREET ADDRESS	1025 COUNTY ROAD 17 NORTH
CITY-STATE-ZIP	LAKE PLACID, FL 33852
TITLE	A/T/D
NAME	EDWARD L. SMOAK, JR.
STREET	402 LAKE JUNE DRIVE
CITY-STATE-ZIP	LAKE PLACID, FL 33852
TITLE	A/S/D
NAME	PHILIP L. SMOAK
STREET ADDRESS	ROUTE 1, BOX 131
CITY-STATE-ZIP	ZOLFO SPRINGS, FL 33890
TITLE	A/S/D
NAME	MASON G. SMOAK
STREET ADDRESS	402 LAKE JUNE DRIVE
CITY-STATE-ZIP	LAKE PLACID, FL 33852