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PROFIT CORPORATION ANNUAL REPORT

1996

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

pg. 1 of 2

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

3. Date Incorporated or Qualified: **08/26/1964**

3a. Date of Last Report: **04/28/1995**

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 _____ (NOTE: Registered Agent signature required when executing) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMOAK, ANNE G. 402 LAKE JUNE DRIVE LAKE PLACID FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDT SMOAK, JOHN F. JR 1025 COUNTY RD. 17 NORTH LAKE PLACID 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	C SMOAK, SUSAN H 1025 COUNTY RD. 17 NORTH LAKE PLACID FL	☒ 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	VSD SMOAK, EDWARD L 1025 COUNTY RD. 17 NORTH LAKE PLACID FL	☐ 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	AS EURES, LEIGH S. 1025 COUNTY RD. 17 NORTH LAKE PLACID FL	☐ 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	D SMOAK, PHYLLIS L. RT. 1, BOX 131 ZOLFO SPRINGS FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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)(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: Edward L. Smoak Edward L. Smoak 3/25/96 941-465-2561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

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

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