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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 PM 2:16

DOCUMENT # **294169** (8)

1. Corporation Name
FORRESTER-SMITH, INC.

Principal Place of Business	Mailing Address
7409 US HWY 301 S. 100 RIVERVIEW FL 33569 US	7409 U.S. HWY301 S. SUITE 100 RIVERVIEW FL 33569 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1965	3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-1095410	☐ 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 (21)	2a. Mailing Address (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

SLESNICK, DONALD D., II
2285 S.W. 17TH AVENUE
MIAMI FL 33145

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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	PC	1 1 TITLE	D ☐ Change ☒ Addition
NAME	HUGHES, H. W.	1 2 NAME	James Hughes
STREET ADDRESS	4029 BELL GRANDE DR.	1 3 STREET ADDRESS	60 West Pomfret St.
CITY ST ZIP	VALRICO FL	1 4 CITY ST ZIP	Carlisle, PA 17013
TITLE	SD	2 1 TITLE	D ☐ Change ☒ Addition
NAME	HUGHES, DOROTHY G	2 2 NAME	Susan Mosher
STREET ADDRESS	4029 BELL GRANDE DR	2 3 STREET ADDRESS	1127 Hardwood Dr
CITY ST ZIP	VALRICO FL	2 4 CITY ST ZIP	Valrico, FL 33594
TITLE	VD	3 1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, BETSEY	3 2 NAME	
STREET ADDRESS	3840 GLENCOE DRIVE	3 3 STREET ADDRESS	
CITY ST ZIP	BIRMINGHAM AL	3 4 CITY ST ZIP	
TITLE	D	4 1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, BARBARA W	4 2 NAME	
STREET ADDRESS	8646 VERNON AVENUE	4 3 STREET ADDRESS	
CITY ST ZIP	ALEXANDRIA VA	4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

14. I/We 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 added on an attachment with an address.

SIGNATURE: Susan Mosher Susan Mosher 1/10/95 813-671-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288400 CP