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FILED

Jan 28 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 # 294169

(8)

1. Corporation Name  
FORRESTER-SMITH, INC.

Principal Place of Business

7409 US HWY 301 S.  
100  
RIVERVIEW FL 33569  
US

Mailing Address

7409 U.S. HWY301 S.  
SUITE 100  
RIVERVIEW FL 33569-4385  
US



3. Date Incorporated or Qualified  
06/21/1965

3a. Date of Last Report  
01/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

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 PC  
NAME HUGHES, H. W.  
STREET ADDRESS 4029 BELL GRANDE DR.  
CITY- ST- ZIP VALRICO FL

☐ DELETE

TITLE SD  
NAME HUGHES, DOROTHY G  
STREET ADDRESS 4029 BELL GRANDE DR  
CITY- ST- ZIP VALRICO FL

☐ DELETE

TITLE VD  
NAME HUGHES, BETSEY  
STREET ADDRESS 3840 GLENCOE DRIVE  
CITY- ST- ZIP BIRMINGHAM AL

☐ DELETE

TITLE D  
NAME HUGHES, BARBARA W  
STREET ADDRESS 8646 VERNON AVENUE  
CITY- ST- ZIP ALEXANDRIA VA

☐ DELETE

TITLE D  
NAME HUGHES, JAMES  
STREET ADDRESS 60 W POMFRET ST  
CITY- ST- ZIP CARLISLE PA

☐ DELETE

TITLE D  
NAME MOSHER, SUSAN  
STREET ADDRESS 1127 HARDWOOD DR  
CITY- ST- ZIP VALRICO FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

D Barbara Hughes  
3608 Springville DR  
Valrico FL 33594

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

☐ Change ☐ Addition

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 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

Date

Daytime Phone #

CR2E034 (9/96)