

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

**95 MAR -1 PM 4:20**

ANNUAL REPORT  
**1995**



DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # 358175 (8)**

**EUGENE R. SMITH & ASSOCIATES, ARCHITECTS & PLANNERS, INC.**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2001 W BUSCH BLVD. SUITE B TAMPA FL 33612	2001 W BUSCH BLVD. SUITE B TAMPA FL 33612

3. Date Incorporated or Qualified <b>01/14/1970</b>	3a. Date of Last Report <b>04/20/1994</b>
4. FEI Number <b>59-1284751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 21a. Mailing Address	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Zip
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9. Name and Address of Current Registered Agent

**SMITH, EUGENE R.  
2001 W. BUSCH BLVD.  
SUITE B  
TAMPA FL 33612**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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 \_\_\_\_\_ (NAME OF REGISTERED AGENT AND MAILING OFFICE) \_\_\_\_\_ (NAME OF CORPORATION AGENT, REQUIRED WHEN REGISTERING) \_\_\_\_\_ (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PVD</b>
NAME	<b>SMITH, EUGENE R</b>
STREET ADDRESS	<b>2001 W. BUSCH BLVD., SUITE B</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	<b>ST</b>
NAME	<b>SMITH, EUGENE R</b>
STREET ADDRESS	<b>2001 W. BUSCH BLVD., SUITE B</b>
CITY, ST, ZIP	<b>TAMPA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information furnished herein is true and correctly furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included hereon is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the name of or trustee or authorized agent of the corporation as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this form.

SIGNATURE:  **2/20/95** 813 931-0519