

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 374621 (1)

1. Corporation Name

UNISMITH, INC.



Principal Place of Business

**5040 TALLOW POINT RD.
TALLAHASSEE FL 32308-2310**

Mailing Address

**5040 TALLOW POINT RD.
TALLAHASSEE FL 32308-2310**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**SMITH, WILLIAM B.
5040 TALLOW POINT ROAD
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

01/01/1971

3a. Date of Last Report

05/01/1995

4. FE# Number

59-1313081

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 of the person named in this statement as the registered agent

Signature of the person named in this statement as the registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HENLEY, LINDA S	
STREET ADDRESS	P.O. BOX 576	
CITY-STATE-ZIP	LAKE JUNALUSKA NC	
TITLE	P	☐ DELETE
NAME	SMITH, MARY A	
STREET ADDRESS	5040 TALLOW POINT RD	
CITY-STATE-ZIP	TALLAHASSEE, FL 00000	
TITLE	STD	☐ DELETE
NAME	SMITH WILLIAM, B	
STREET ADDRESS	5040 TALLOW POINT RD	
CITY-STATE-ZIP	TALLAHASSEE, FL 00000	
TITLE	VD	☐ DELETE
NAME	SMITH, DARRELL W	
STREET ADDRESS	1905 TY TY ROAD	
CITY-STATE-ZIP	TALLAHASSEE, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

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:

William B. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM B SMITH SEC TREAS

904 893-3719
Daytime Phone #

CR2E034 (12/95)