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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # (0)1. Corporation Name CENTURY 21, SMITH & ASSOCIATES, INC. Principal Place of Business Mailing Address 2316 W 23RD ST 2316 W 23RD ST PANAMA CITY FL 32405 PANAMA CITY FL 32405 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1975 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1583741 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zici Country 8. This corporation has liability for intangible tax under s 199.032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, WILLIAM F Street Address (P.O. Box Number is Not Acceptable) 82 2316 W 23RD ST PANAMA CITY FL 32405 83 84 City 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it a; plicable (NOTE: Registered Agent signature required when reinstating) (12/95)12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 🗀 DELETE 1 1 TITLE Change Addition SMITH, WILLIAM F NAME 12 NAME CR2E034 (2316 W 23RD ST STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 011Y-57-7IP 1.4 C/TY - ST - Z/P TITLE DELETE 2 1 TITLE Change Addition NAMi 2 2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELE 1E 3 1 THILE Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIE 3 4 CITY - S1 - ZIP THUE DELETE 4 1 TITLE □ Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST-ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TRUE 6 1 TITLE Change Add tion NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZiP 64 CITY-ST-ZIP

14. I do hereby certry 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 conscious or the receiver of 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 of langes, or on an attachylent with an address.

SIGNATURE:

TURE AND TYPED OR PHUSED NAME OF STANING OFFICER OR DIRECTOR

40496 Date 06 () ()