

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 6/30/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$175)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUL -3 AM 8:27

**DOCUMENT # 550328 (9)**

1. Corporation Name  
**HUGOMB MCSMITH CO., INC.**

Principal Place of Business: **280-MCKENZIE AVE. 239 E. 4th Street PANAMA CITY FL 32401**  
 Mailing Address: **280-MCKENZIE AVE. 239 E. 4th St. P.O. BOX 2487 PANAMA CITY FL 32401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Quashed: **10/31/1977** 3a. Date of Last Report: **08/05/1994**

4. FEI Number: **59-1808528** Appointed For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Excess Contribution (including Trust Fund Contributions):  **\$5.00 May Be Added to Fees**

7. This corporation has liability for intangible tax under s. 190 (1)(b) Florida Statutes:  Yes  No

2. Principal Place of Business: **239 E. 4th Street** 2a. Mailing Address: **239 E 4th Street**

21. State, Apt. #, etc: **FL** 26. State, Apt. #, etc: **FL**

23. City & State: **Panama City, FL** 28. City & State: **Panama City, FL**

24. Zip: **32401** 25. Country: **USA** 29. Zip: **32401** 30. Country: **USA**

9. Name and Address of Current Registered Agent  
**HUGHES, J. ROBERT**  
**280-MCKENZIE AVE.**  
**PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent  
 81 Name: **Allen N. Jellis, JR.**  
 82 Street Address (P.O. Box Number is Not Acceptable): **239 E 4th Street**  
 84 City: **Panama City FL** 85 Zip Code: **32401**

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: *Allen N. Jellis, Jr.* 6/20/95

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>HUGHES, J. ROBERT</b>
STREET ADDRESS	<b>280-MCKENZIE AVE.</b>
CITY, ST, ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>VPT</b>
NAME	<b>MIDDLEMAS, J. ROBERT</b>
STREET ADDRESS	<b>718 BUNKERS COVE RD.</b>
CITY, ST, ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>T/O</b>
NAME	<b>HARRISON, JOE B.</b>
STREET ADDRESS	<b>318 S. BONIAT AVE.</b>
CITY, ST, ZIP	<b>PANAMA CITY FL 32401</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ALTERNATE REGISTERED AGENTS (SEE SECTION 607.1508, FLORIDA STATUTES)

11 TITLE	<b>P/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Middlemas, J. Robert</b>	
13 STREET ADDRESS	<b>718 Bunkers Cove Rd.</b>	
14 CITY, ST, ZIP	<b>Panama City, FL 32401</b>	
21 TITLE	<b>V.P./D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>Jerry W. Gerde</b>	
23 STREET ADDRESS	<b>239 E 4th Street</b>	
24 CITY, ST, ZIP	<b>Panama City, FL 32401</b>	
31 TITLE	<b>T/O</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Harrison, Joe B.</b>	
33 STREET ADDRESS	<b>316 S. Bonita Ave</b>	
34 CITY, ST, ZIP	<b>Panama City, FL 32401</b>	
41 TITLE	<b>S/O</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Allen N. Jellis, Jr.</b>	
43 STREET ADDRESS	<b>5108 W. 27th Street</b>	
44 CITY, ST, ZIP	<b>Panama City, FL 32405</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, 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 110.07(3)(a), Florida Statutes. I further certify that the information included 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 on Block 12 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Allen N. Jellis, Jr.* Secretary/Director 6/22/95 704 765-8421

CR2E034 (3/95)