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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 550328 (9)
1. Corporation Name
HUGOMB MCSMITH CO., INC.



Principal Place of Business: **239 E 4TH STREET PANAMA CITY FL 32401 US**
Mailing Address: **239 E 4TH STREET PANAMA CITY FL 32401-3110 US**

3. Date Incorporated or Qualified: **10/31/1977**
3a. Date of Last Report: **08/02/1996**

2. Principal Place of Business: [21] Suite, Apt. #, etc.

2a. Mailing Address: [26] Suite, Apt. #, etc.

4. FEI Number: **59-1809528**
Applied For: Not Applicable:

[22] City & State

[27] City & State

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

[24] Zip [25] Country [29] Zip [30] Country

9. Name and Address of Current Registered Agent
**JELKS, ALLEN N. J
239 E 4TH STREET
PANAMA CITY FL 32401**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MIDDLEMAS, ROBERT J.	1.2 NAME	MIDDLEMAS, JOHN ROBERT
STREET ADDRESS	718 BUNKERS COVE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	STEPHENS, TERI D	2.2 NAME	
STREET ADDRESS	415 S MACARTHUR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HARBISON, JOE B.	3.2 NAME	
STREET ADDRESS	316 S BONITA AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	JELKS, ALLEN N. JR.	4.2 NAME	
STREET ADDRESS	3908 W. 27TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 my resignation with an address.

SIGNATURE: _____ 4/28/97 904-785-6181

CR2E034 (9/96)