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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUL 22 PM 3:48
SEC. OF STATE

DOCUMENT # **560071** **(3)**

1. Corporation Name
SMITH, SMITH & PARKER, ATTORNEYS AT LAW, P.A.

Principal Place of Business	Mailing Address
411 N WASHINGTON ST PO DRAWER 579 PERRY FL 32347	411 N WASHINGTON ST PO DRAWER 579 PERRY FL 32347-2732

3. Date Incorporated or Qualified: 02/01/1978
3a. Date of Last Report: 01/22/1996

2. Principal Place of Business — 1:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 2:
Suite, Apt. #, etc. — 27:
City & State — 3:
City & State — 28:
Zip — 4:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-1792763 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

SMITH, MICHAEL S.
N WASHINGTON ST
PERRY FL 32347

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 _____ DATE
(If changing Registered Agent, this signature must be that of the new registered agent and must be typed or printed below. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Type)	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, STEPHEN A.	1.2 NAME	
STREET ADDRESS	101 E. MADISON ST	1.3 STREET ADDRESS	Pd. 1-6-97 Ck # 1240 $165.00
CITY-ST-ZIP	LAKE CITY FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	Pd. 7-16-97 Ck # 262 ☐ Change ☐ Addition
NAME	SMITH, MICHAEL S.	2.2 NAME	$165.00
STREET ADDRESS	107 E. GREEN ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PERRY FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	300002241 ☐ Change ☐ Addition
NAME		3.2 NAME	-07/24/97--01097--003
STREET ADDRESS		3.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	1-23-97
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 an attachment with an address.

SIGNATURE: MICHAEL S. SMITH 01-06-97 904/584-3812