

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

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 JUN 26 AM 9:01

DOCUMENT # 588215

(4)

1. Corporation Name

J. SMITH INSURANCE SERVICE, INC.

Principal Place of Business

Mailing Address

4166 TAMiami TR.
P.O. BOX 805
CHARLOTTE HARBOR FL 33952

4166 TAMiami TR.
P.O. BOX 805
CHARLOTTE HARBOR FL 33952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/26/1978

04/01/1994

4. FEI Number

Applied For

59-1662532

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

2. Principal Place of Business

2a. Mailing Address

21 4166 TAMiami TRAIL

26 P.O. Box 850

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 Port Charlotte Florida

28 Punta Gorda Florida

Zip

Country

Zip

Country

24 33952

25 Charlotte

29 33951

30 Charlotte

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BRUCE T.
4166 TAMiami TRAIL
CHARLOTTE HARBOR FL 33952

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

Signature (typed or printed name of registered agent and the # applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DS
NAME SMITH, MARIE C
STREET ADDRESS 4166 TAMiami TR
CITY - ST - ZIP CHARLOTTE HARBOR, FL 00000

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE PD
NAME SMITH, BRUCE T.
STREET ADDRESS 4166 TAMiami TR
CITY - ST - ZIP CHARLOTTE HARBOR, FL 00000

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE CE
NAME SMITH, JAMES T.
STREET ADDRESS 4166 TAMiami TRAIL
CITY - ST - ZIP CHARLOTTE HARBOR FL

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE T. SMITH

6/15/95

(813) (941)
625-6175