FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 8:51

DOCUMENT # 588216 (2)

1. Corporation Name
SMITH & BURNETTI, P.A.

Principal Place of Business	Mailing Address
832 SOUTH FLORIDA AVE. PO DRAWER 1089 LAKELAND FL 33802-1089 US	832 SOUTH FLORIDA AVE. PO DRAWER 1089 LAKELAND FL 33802-1089 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/25/1978
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21: 832 S. Florida Avenue
22: Suite, Apt. #, etc.
23: City & State: Lakeland, FL
24: Zip: 33801 — 25: Country: US

2a. Mailing Address
26: P. O. Drawer 1089
27: Suite, Apt. #, etc.
28: City & State: Lakeland, FL
29: Zip: 33802-1089 — 30: Country: US

4. FEI Number: 59-1847584 ☐ 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, H GUY
832 SOUTH FLORIDA AVE.
LAKELAND FL 33801

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, H GUY	1.2 NAME	
STREET ADDRESS	832 S. FLORIDA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	SHELNUT, KNOWLTON H	2.2 NAME	Please delete Knowlton H.
STREET ADDRESS	1525 S FLORIDA AVE #1	2.3 STREET ADDRESS	Shelnut as he is no longer an
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	officer of this firm.
TITLE	VS	3.1 TITLE	☐ Change ☐ Addition
NAME	BURNETTI, DEAN	3.2 NAME	
STREET ADDRESS	832 S. FLORIDA AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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: [signature] 3-6-95 (813) 688-7766
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0314881 CP