

597315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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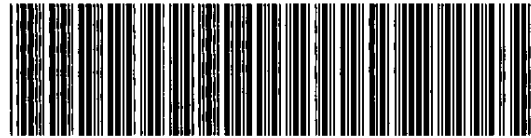
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Smith & Thomas Insurance, Inc.
Name of Corporation

DOCUMENT NUMBER: 597315

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Thomas, Jr.

Name of Contact Person

Smith & Thomas Insurance, Inc.

Firm/Company

PO Box 3544

Address

Lakeland, FL 33802

City/State and Zip Code

billthomas21@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C. Thomas, Jr.

Name of Contact Person

at (863) 688-1141

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

