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Jan 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 608861

(1)

1. Corporation Name

SMITH INSURANCE AGENCY, INC.

Principal Place of Business

1333 E ALTAMONTE DR.
ALTAMONTE SPRINGS FL 32701

Mailing Address

1325 E. ALTAMONTE DR., SUITE 129
ALTAMONTE SPRINGS FL 32701-5083



2. Principal Place of Business Suite 129

2a. Mailing Address

21 1325 E. ALTAMONTE DR.
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 129
City & State

27 City & State

23 Altamonte Springs
Zip Country

28 City & State
Zip Country

24 32701 25 USA

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/05/1979

3a. Date of Last Report

05/10/1996

4. FEI Number

59-1885036

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

WITHROW, JANET K.
1333 E ALTAMONTE DR
ALTAMONTE SPRINGS FL 32701

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME WITHROW, JANET K.
STREET ADDRESS 1325 E ALTAMONTE DR., SUITE 129
CITY- ST- ZIP ALTAMONTE SPRINGS FL

TITLE VP
NAME TAUBENSEE, EDWARD K.
STREET ADDRESS 1325 E. ALTAMONTE DR., SUITE 129
CITY- ST- ZIP ALTAMONTE SPRINGS FL

TITLE ST
NAME WITHROW, JAMES A.
STREET ADDRESS 1325 E. ALTAMONTE DR., SUITE 129
CITY- ST- ZIP ALTAMONTE SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address.

SIGNATURE:

Janet K. Withrow

1/14/97

407-834-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0061123

CR2E034 (9/96)