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95 MAY -1 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **652189** **(2)**

1. Corporation Name
SMITH SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
2434 E. ROBINSON ST. ORLANDO FL 32803 US	2434 E. ROBINSON ST. ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/14/1980**

3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business	2a. Mailing Address
21 616 Virginia Drive	26 616 Virginia Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Orlando, Florida	City & State 28 Orlando, Florida
Zip 24 32803 / Country 25 USA	Zip 29 32803 / Country 30 USA

4. FEI Number: **59-1965973** ☐ 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 organization has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JAMES M
6122 SUNNYVALE DR
ORLANDO FL 32822

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 Section 607.0502 and 607.1502, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	71 TITLE	☐ Change ☐ Addition
12 NAME	SMITH, DOT ANN	72 NAME	
13 STREET ADDRESS	6122 SUNNYVALE DR	73 STREET ADDRESS	
14 CITY ST ZIP	ORLANDO FL	74 CITY ST ZIP	
21 TITLE	VPS	75 TITLE	☐ Change ☐ Addition
22 NAME	SMITH, JAMES M.	76 NAME	
23 STREET ADDRESS	6122 SUNNYVALE DR	77 STREET ADDRESS	
24 CITY ST ZIP	ORLANDO FL	78 CITY ST ZIP	
31 TITLE	D	79 TITLE	☐ Change ☐ Addition
32 NAME	SMITH, JEFFERY R.	80 NAME	
33 STREET ADDRESS	20561 GROVELINE CT.	81 STREET ADDRESS	
34 CITY ST ZIP	ESTERO FL	82 CITY ST ZIP	
41 TITLE		83 TITLE	☐ Change ☐ Addition
42 NAME		84 NAME	
43 STREET ADDRESS		85 STREET ADDRESS	
44 CITY ST ZIP		86 CITY ST ZIP	
51 TITLE		87 TITLE	☐ Change ☐ Addition
52 NAME		88 NAME	
53 STREET ADDRESS		89 STREET ADDRESS	
54 CITY ST ZIP		90 CITY ST ZIP	
61 TITLE		91 TITLE	☐ Change ☐ Addition
62 NAME		92 NAME	
63 STREET ADDRESS		93 STREET ADDRESS	
64 CITY ST ZIP		94 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 added on an attachment with an asterisk.

SIGNATURE: Dot Ann Smith — 4/28/95 — 407 898 6366

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Telephone Number

0061032 CP