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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **658577** **(2)**

1. Corporation Name
HOWARD A. SMITH, INC.

Principal Place of Business	Mailing Address
112 SW 6TH STREET GAINESVILLE FL 32601	112 SW 6TH STREET GAINESVILLE FL 32601-6217

3. Date Incorporated or Qualified: 03/10/1980
3a. Date of Last Report: 05/30/1996

2. Principal Place of Business	2a. Mailing Address
21 3016 NE 14 DRIVE	26 3016 NE 14 DRIVE
Suite, Apt. # etc. 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE FL	City & State 28 GAINESVILLE FL
Zip 24 32609 Country 25 USA	Zip 29 32609 Country 30 USA

4. FEI Number: 59-1848924 ☐ 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	10. Name and Address of New Registered Agent
FALES, CONNIE 112 SW SIXTH STREET GAINESVILLE FL 32601	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	SMITH, HOWARD A		1.2 NAME	STROEMER, LINDA	
STREET ADDRESS	112 SW 6TH ST		1.3 STREET ADDRESS	2880 WINDWOOD TRAIL	
CITY-ST-ZIP	GAINESVILLE, FL 00000		1.4 CITY-ST-ZIP	LAWRENCEVILLE, GA 30244	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MIRIAM J		2.2 NAME		
STREET ADDRESS	112 SW 6TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FALES, CONNIE		3.2 NAME		
STREET ADDRESS	112 S.W. 6TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HOWARD A., JR.		4.2 NAME		
STREET ADDRESS	112 S.W. 6TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Connie Fales CONNIE FALES 1/9/97 (352) 372-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055690