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Mar 10 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 # **F88984**

(2)

1. Corporation Name:

H. W. SMITH & ASSOCIATES, INC.

Principal Place of Business

**749 S. ORANGE BLOSSOM TRAIL
APOPKA FL 3270
US**

Mailing Address

**749 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703-3708
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 **1237 Lavanham Ct.**

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30 **USA**

3. Date Incorporated or Qualified

06/25/1982

3a. Date of Last Report

04/12/1996

4. FEI Number

59-2260174

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, IRIS KAY
749 S. ORANGE BLOSSOM TRAIL
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1237 LAVANHAM Ct.

83

84 City **Apopka**

FL

85 Zip Code

32712

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

Iris K. Smith

Sec. of Corp. Iris K. Smith

3/1/97

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	<input type="checkbox"/> DELETE
NAME	SMITH, HERMAN WAYNE	
STREET ADDRESS	1237 LAVANHAM CT.	
CITY- ST- ZIP	APOPKA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SMITH, IRIS KAY	
STREET ADDRESS	1237 LAVANHAM CT.	
CITY- ST- ZIP	APOPKA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, BENJAMIN W	
STREET ADDRESS	1237 LAVANHAM CT	
CITY- ST- ZIP	APOPKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, BROOKE A	
STREET ADDRESS	1237 LAVANHAM CT	
CITY- ST- ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Iris K. Smith

Iris K. Smith ; Sec. of Corp. 3/1/97 (407)889-7859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)