FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

✓ CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY -1 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F90618 (2)

1. Corporation Name
SMITH AND SMITH OF TALLAHASSEE, INC.

Principal Place of Business
2122 E. Randolph Cr
[redacted]
TALLAHASSEE FL [redacted]
32312

Mailing Address
P.O. 15127
[redacted]
TALLAHASSEE FL [redacted]
32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1982
3a. Date of Last Report: 09/30/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2683274 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) / County (25) / Zip (29) / County (30)
8. This corporation has taxable, for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, JERALDINE WILLIAMS
1501 EAST PARK AVENUE
TALLAHASSEE FL 32301

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 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 _____ DATE
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, WALTER L PH.D.	12 NAME	
STREET ADDRESS	2122 E. PARK AVE.	13 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	14 CITY ST ZIP	500001474655 -05/04/95--01004-001 ****200.00 ****200.00
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, JERALDINE W ESQUIRE	22 NAME	
STREET ADDRESS	2122 E. PARK AVE.	23 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MILDRED B	32 NAME	
STREET ADDRESS	2122 E. PARK AVE.	33 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, SALESIA V	42 NAME	
STREET ADDRESS	2122 E. PARK AVE.	43 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SMITH, WALTER L II	52 NAME	
STREET ADDRESS	2122 E. PARK AVE.	53 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANDRE	62 NAME	
STREET ADDRESS	2122 E. PARK AVE.	63 STREET ADDRESS	
CITY ST ZIP	TALLAHASSEE FL 32301	64 CITY ST ZIP	RC

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 on an attachment with an address.

SIGNATURE: Walter L. Smith WALTER L. SMITH 5/01/95 385-0615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

000183 OP