

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F92165 (2)

1. Corporation Name

TOBA M. SMITH, P.A.



Principal Place of Business

**5200-C NEWBERRY ROAD
1501-NW-66 TERRACE
GAINESVILLE FL 32607
US**

Mailing Address

**10424 SW 41ST PLACE
1501-NW-66 TERRACE
GAINESVILLE FL 32608
US**

3. Date Incorporated or Qualified

07/27/1982

3a. Date of Last Report

04/28/1995

4. FEI Number

59-2207419

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

2. Principal Place of Business

21 5200-C Newberry Road

Suite, Apt. #, etc.

22

City & State

23 Gainesville FL

Zip

24 32607

Country

25

2a. Mailing Address

26 10424 SW 41st Place

Suite, Apt. #, etc.

27

City & State

28 Gainesville FL

Zip

29 32608

Country

30

9. Name and Address of Current Registered Agent

**SMITH, TOBA M.
1501-NW-66 TERRACE
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent

81 Name

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

10424 SW 41st Place

83

84 City Gainesville

FL

85

Zip Code
32608

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 **Toba M. Smith** President

SIGNATURE **Toba M. Smith** President

DATE **4/29/96**

12. OFFICERS AND DIRECTORS

TITLE **PVS**
NAME **SMITH, TOBA M**
STREET ADDRESS **5200-C NEWBERRY RD**
CITY-ST-ZIP **GAINESVILLE, FL 00000**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Toba M. Smith P.A.** President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Toba M. Smith P.A. President

DATE **4/29/96**

FILE NO. **352-373-358-3**

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