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

APPROVED AND FILED
95 MAR -2 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G74420 (2)

1. Corporation Name
X.S. SMITH OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2122 WHITFIELD PARK AVE SARASOTA FL 34243-4048	2122 WHITFIELD PARK AVE SARASOTA FL 34243-4048

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1983
3a. Date of Last Report: 04/05/1994

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

4. FEI Number: 59-2391528 ☐ 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

SALT, TERRI, JAYNE
% WILLIAMS PARKER HARRISON DIETZ & GETZEN
1550 RINGLING BOULEVARD
SARASOTA FL 34230-3258

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, H. ERNEST	1.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD W., JR.	2.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD W., SR.	3.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE	3.3. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, BARBARA J.	4.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	DIFIORE, CHERYL A	5.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, SCOTT S	6.2 NAME	
STREET ADDRESS	2122 WHITFIELD PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete 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: _____ 3/23/95 408-322-4600
MANDATORY: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard W. Smith, Jr.

0345516 CP