

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

APPROVED  
AND  
FILED

1997 JUL 23 PM 1:14

*28192*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # **G79335** (7)  
1. Corporation Name  
**RICHARD SMITH AND ASSOCIATES, INC.**



Principal Place of Business: **1/2 KENNETH G. OERTEL 2700 BLAIR STONE RD. TALLAHASSEE FL 32301**  
Mailing Address: **1/2 KENNETH G. OERTEL 2700 BLAIR STONE RD. TALLAHASSEE FL 32301-5902**

3. Date Incorporated or Qualified: **01/19/1984** 3a. Date of Last Report: **05/01/1996**  
4. FEI Number: **59-2369104** 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 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24  
2a. Mailing Address: 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28, 29, 30

9. Name and Address of Current Registered Agent  
**OERTEL, KENNETH G. 2700 BLAIR STONE RD. TALLAHASSEE FL 32301-1879**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>347 OFFICE PLAZA DRIVE</b>	1.3 STREET ADDRESS	<b>000002251510--0</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	1.4 CITY - ST - ZIP	<b>-07/29/97--01115--024</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>***165.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, PEGGY L.</b>	2.2 NAME	
STREET ADDRESS	<b>347 OFFICE PLAZA DRIVE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DVP</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>XX</b> Change <input type="checkbox"/> Addition
NAME	<b>ALBRITTON, JEAN F</b>	3.2 NAME	<b>GOODE, LOIS J</b>
STREET ADDRESS	<b>347 OFFICE PLAZA DRIVE</b>	3.3 STREET ADDRESS	<b>347 OFFICE PLAZA DRIVE</b>
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	3.4 CITY - ST - ZIP	<b>TALLAHASSEE, FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<i>WSD 7/23/97</i>
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

CR2E034 (9/96)

*7/21/97* *S. M. M.*

98242

**Protective** 

**Protective Life Insurance Company**

Post Office Box 2606  
Birmingham, Alabama 35202  
205-879-9230

**Richard Smith & Associates**

Post Office Box 14206  
Tallahassee, Florida 32317-4208  
904-877-1445  
800-342-0209

July 21, 1997

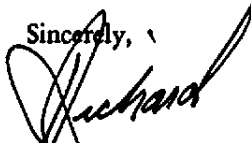
Secretary of State  
Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-150

Dear Sir:

Please find enclosed corporate annual report for Richard Smith & Associates, Inc. along with my check  
in the amount of \$165.00, filing fee.

For some unknown reason, the first notice was not delivered to my office. Your consideration in  
waving the penalty is very much appreciated.

Sincerely, \



Richard Smith