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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:52

DOCUMENT # **G94133** **(7)**

1. Corporation Name

SMOOT ADAMS EDWARDS & GREEN, P.A.

Principal Place of Business	Mailing Address
12800 UNIVERISTY DRIVE, STE 600 P O BOX 06259 FT MYERS FL 33907	12800 UNIVERISTY DRIVE, STE 600 P O BOX 06259 FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/30/1984
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-2397224 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes XX Yes ☐ No

9. Name and Address of Current Registered Agent

GREEN, BRUCE D.
12800 UNIVERSITY DR, STE 600
FT. MYERS FL 33907

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 _____ (Signature of new registered agent, if any) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V/D	☐ Change XX Addition
NAME	SMOOT, J. TOM, JR.	12 NAME	Edwards, Charles B	
STREET ADDRESS	12800 UNIVERSITY DR, 600	13 STREET ADDRESS	12800 University Drive, #600	
CITY ST ZIP	FT MYERS FL	14 CITY ST ZIP	Ft. Myers, FL	
TITLE	D	21 TITLE	S/D	XX Change ☐ Addition
NAME	CLARK, THOMAS P.	22 NAME	Clark, Thomas P	
STREET ADDRESS	12800 UNIVERSITY DR 600	23 STREET ADDRESS	12800 University Drive, #600	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	Ft. Myers, FL	
TITLE	SVD	31 TITLE	V/D	XX Change ☐ Addition
NAME	GREEN, BRUCE D.	32 NAME	Green, Bruce D.	
STREET ADDRESS	12800 UNIVERSITY DR, 600	33 STREET ADDRESS	12800 University Drive, #600	
CITY ST ZIP	FT MYERS FL	34 CITY ST ZIP	Ft. Myers, FL	
TITLE	DV	41 TITLE	V/D	☐ Change XX Addition
NAME	ADAMS, HAL	42 NAME	Crevasse, Clayton W.	
STREET ADDRESS	12800 UNIVERSITY DR, 600	43 STREET ADDRESS	12800 University Drive, #600	
CITY ST ZIP	FT MYERS FL	44 CITY ST ZIP	Ft. Myers, FL	
TITLE	VDT	51 TITLE		☐ Change ☐ Addition
NAME	WINER, STEVEN I.	52 NAME		
STREET ADDRESS	12800 UNIVERSITY DR, 600	53 STREET ADDRESS		
CITY ST ZIP	FT MYERS FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	V/D	XX Change ☐ Addition
NAME	KOMRAY, MARK R.	62 NAME	Komray, Mar, R.	
STREET ADDRESS	12800 UNIVERSITY DR 600	63 STREET ADDRESS	12800 University Drive, #600	
CITY ST ZIP	FT. MYERS FL	64 CITY ST ZIP	Ft. Myers, FL	

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: Thomas V. Edwards

NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0321268 CP