

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
1901 B. M. BAY
TALLAHASSEE, FLORIDA 32304-0001
TELEPHONE (904) 493-0001

APPROVED
AND
FILED

DOCUMENT # **H51235** (0)

95 MAY -1 PM 11:41

DAVID R. SMITH DEVELOPMENT, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INCORPORATED IN THE STATE OF FLORIDA
 MAILING ADDRESS
 HWY 90 WEST
 P O BOX 1852
 CRESTVIEW FL 32536

MAILING ADDRESS
 HWY 90 WEST
 P O BOX 1852
 CRESTVIEW FL 32536

PRINT OR WRITE IN THIS SPACE

2. Principal Place of Business
 21: 1090 A HWY 90
 22: HOLT, FL
 23: HOLT, FL
 24: 32564 25: U.S.
 26: 1090A HWY 90
 27: HOLT FL
 28: HOLT FL
 29: 32564 30: U.S.

3. Date first incorporated or organized: **04/09/1985**
 3a. Date of last report: **04/20/1994**
 4. FEI Number: **59-2538193**
 5. Certificate of Status Expires: \$8.75 Additional Fee Required
 6. Unpaid Contributions (including Dept. Fund Contributions): \$5.00 May Be Added to Fees
 6. This corporation has adopted, for its annual tax under the Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 SMITH, DAVID R.
 HWY 90 WEST
 P O BOX 1852
 CRESTVIEW FL 32536

10. Name and Address of New Registered Agent
 B1: Name: **DAVID R SMITH**
 B2: Street Address (P.O. Box Number, if that Agent has):
 B3: **1090 A HWY 90**
 B4: City: **HOLT** FL B5: Zip Code: **32564**

11. I, the undersigned, being a duly qualified and authorized officer or director of the corporation, hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am a resident of this state. I declare under penalty of perjury that the foregoing is true and correct.
 SIGNATURE: **DAVID R. SMITH** *David R. Smith* 5/1/95

12. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS
 NAME: **DPS SMITH, DAVID R.**
 ADDRESS: **HWY 90 WEST P O BOX 1852 CRESTVIEW FL**

13. ADDITIONAL OFFICERS, DIRECTORS, AND SHAREHOLDERS
 NAME: **1090 A HWY 90 HOLT, FL 32564**

14. I, the undersigned, certify that the information supplied by the filer is a true and correct statement of the facts as to the information stated in law (see 1995 Florida Statutes). I further certify that the information is true and correct to the best of my knowledge and belief, and that the filer is a resident of this state. I declare under penalty of perjury that the foregoing is true and correct.
 SIGNATURE: *[Signature]* 5/1/95 904-537-2089

SIGNATURE: *[Signature]*
 PRINT AND TYPE ON PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR