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FILED

Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H63570

(6)

1. Corporation Name  
SMH PARTNERS, INC.



Principal Place of Business

% PAUL L. HUNTER  
4616 BROWNING  
TAMPA FL 33629

Mailing Address

% PAUL L. HUNTER  
4616 BROWNING  
TAMPA FL 33629-6506

3. Date Incorporated or Qualified

06/21/1985

3a. Date of Last Report

04/30/1996

2. Principal Place of Business

21 3711 A W. Grace St.

Suite, Apt. #, etc.

22

City & State

Tampa FL

Zip

33607

Country

Hillsborough

24

2a. Mailing Address

26 3711 A W. Grace St

Suite, Apt. #, etc.

27

City & State

Tampa FL

Zip

33607

Country

Hillsborough

30

4. FEI Number

59-2552082

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

HUNTER, PAUL L.  
4616 BROWNING  
TAMPA FL 33629

10. Name and Address of New Registered Agent

81 Name

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

3711 A. W. Grace St

83

84 City

Tampa

FL

85 Zip Code

33607

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

Paul L. Hunter

3/26/97

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME HUNTER, PAUL L.  
STREET ADDRESS 4616 BROWNING AVE.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME HUNTER, PAUL L.  
STREET ADDRESS 4616 BROWNING AVE.  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

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 3711 A W. Grace St  
1.4 CITY-ST-ZIP Tampa, FL 33607

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3711 A W. Grace St  
2.4 CITY-ST-ZIP Tampa FL 33607

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 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:

Paul L. Hunter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/97

Date

813-875-7218

Daytime Phone #

CR2E034 (9/96)