

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H71031

(9)

1. Corporation Name

SMITH, WILLIAMS & BOWLES, P.A.



Principal Place of Business

712 SOUTH OREGON AVENUE  
%GREGORY L. WILLIAMS  
TAMPA FL 33606

Mailing Address

712 SOUTH OREGON AVENUE  
%GREGORY L. WILLIAMS  
TAMPA FL 33606

3. Date Incorporated or Qualified

08/12/1985

3a. Date of Last Report

03/23/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, GREGORY L.  
712 SOUTH OREGON AVE.  
TAMPA FL 33606

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 typed or printed name of registered agent and the state validity

(Date) Registered Agent Signature required when reinstated

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WILLIAMS, GREGORY L.  
STREET ADDRESS 3108 PROSPECT DRIVE  
CITY-ST-ZIP TAMPA FL 33629

☐ DELETE

TITLE VSD  
NAME SMITH, DAVID L.  
STREET ADDRESS 5123 SAN JOSE  
CITY-ST-ZIP TAMPA FL 33629

☐ DELETE

TITLE V  
NAME SIVYER, NEAL A.  
STREET ADDRESS 4111 WEST PLATT  
CITY-ST-ZIP TAMPA FL 33609

☒ DELETE

TITLE T  
NAME BOWIES, MARGARETE  
STREET ADDRESS 5102 EVELYN DRIVE  
CITY-ST-ZIP TAMPA FL 33609

☒ DELETE

TITLE V  
NAME HUMPHRIES, J. GREGORY  
STREET ADDRESS 1444 SWEETBRIAR ROAD  
CITY-ST-ZIP ORLANDO FL 32806

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

813-253-5520

CR2E034 (12/95)