

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H79813** (2)  
1. Corporation Name  
**WILLIAMS, SMITH & SUMMERS, P.A.**



Principal Place of Business: **380 W ALFRED ST TAVARES FL 32778**  
Mailing Address: **380 W ALFRED ST TAVARES FL 32778**

3. Date Incorporated or Qualified: **10/03/1985**  
3a. Date of Last Report: **04/10/1995**  
4. FEI Number: **59-2602538** 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. 190.032 Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country; 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

**9. Name and Address of Current Registered Agent**

**SUMMERS, GARY L.  
380 W. ALFRED ST  
TAVARES FL 32778**

**10. Name and Address of New Registered Agent**

81 Name; 82 Street Address (P.O. Box Number is Not Acceptable); 83; 84 City; 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.06(2) 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, Sections 607.06(2), Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DVT</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, ROBERT O.</b>	
STREET ADDRESS	<b>5233 BANANA POINT DRIVE</b>	
CITY, ST, ZIP	<b>OKAHUMPKA FL</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, CHRISTOPHER J.</b>	
STREET ADDRESS	<b>34034 PARK LANE</b>	
CITY, ST, ZIP	<b>LEESBURG FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>SUMMERS, GARY L.</b>	
STREET ADDRESS	<b>34028 PARK LANE</b>	
CITY, ST, ZIP	<b>LEESBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and I do not qualify for the exemption stated in Section 119.02(1)(g), 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 trustee or trustee-empowered filer under the provisions of Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 12 if changed, or on a data link with an address.

SIGNATURE: *Gary L. Summers* (**GARY L. SUMMERS**) **3/21/96** **(352) 343-6655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)