


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 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 # J09471 (0)		
1. Corporation Name M.R. SMITH, INC.		



Principal Place of Business 11690 WALSINGHAM RD. LARGO FL 34648	Mailing Address 11690 WALSINGHAM RD. LARGO FL 33778-2422
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2. Principal Place of Business 21 11690 Walsingham Rd Suite, Apt. #, etc. 22 LARGO City & State 23 FL Zip 24 33778 Country 25 USA	2a. Mailing Address 26 11690 Walsingham Rd Suite, Apt. #, etc. 27 City & State 28 LARGO FL Zip 29 33778 Country 30 USA
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3. Date Incorporated or Qualified 04/16/1986	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2885666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, MARVIN 807 8TH AVE, SW SUITE #5 LARGO FL 33540	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	FL

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	SMITH, MARVIN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
807 8TH AVE SW #5		1.3 STREET ADDRESS	
LARGO FL		1.4 CITY-ST-ZIP	
ST	SMITH, NANCY	2.1 TITLE	2.2 NAME
807 8TH AVE SW #5		2.3 STREET ADDRESS	
LARGO FL		2.4 CITY-ST-ZIP	
		3.1 TITLE	3.2 NAME
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	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: Nancy A. Smith DATE: 4/14/97 (813) 441-5517  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)