FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 JUL -6 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SMITH-GILCHRIST, P.A.

DOCUMENT # **J10993 (0)**

Mailing Address
1423 N. DUVAL ST.
TALLAHASSEE FL 32303-5514

Principal Place of Business
1423 N. DUVAL ST.
TALLAHASSEE FL 32303-5514

If above addresses are incorrect in any way, line through incorrect information and enter corrected address.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/24/1986**

3a. Date of Last Report: **04/07/1993**

2. Mailing Address (21)

2a. Principal Place of Business (26)

4. FEI Number: **59-2635881** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

5. Certificate of Status Desired **$8.75** Additional Fee Required ☐

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

City & State (23)

City & State (28)

7. Nonprofit Exempt from $139.75 Supplemental Fee ☐

Zip (24) Country (25)

Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GILCHRIST, HILDA G.
1423 N. DUVAL ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: X Hilda G. Gilchrist DATE 6/30/94
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when name is listed)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	
12 NAME	GILCHRIST, HILDA G.	12 NAME	
13 STREET ADDRESS	1423 N. DUVAL ST.	13 STREET ADDRESS	
14 CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	AP
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is true, and that I am a director, officer, or agent empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address.

SIGNATURE: X Hilda G. Gilchrist PRESIDENT 6/30/94 (904) 224-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR