

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

FILED

Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J10993 (0)
1. Corporation Name

Smith Gilchrist P.A.

Principal Place of Business

Mailing Address

1423 North Duval Street
Tallahassee, Fl. 32303

1423 North Duval Street
Tallahassee, Fl. 32303

3. Date Incorporated or Qualified
04/24/1986

3a. Date of Last Report
01/23/1995

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

29

30

4. FEI Number
59-2635881

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

10. Name and Address of New Registered Agent

Gilchrist, Hilda G.
1423 North Duval Street
Tallahassee, Florida 32303

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE
NAME Hilda G. Gilchrist
1.2 STREET ADDRESS 1423 North Duval Street
1.3 CITY-ST-ZIP Tallahassee, Florida 32303

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE
NAME
2.2 STREET ADDRESS
2.3 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

3.1 TITLE ☐ DELETE
NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ DELETE
NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ DELETE
NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ DELETE
NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

100002113221
-03/14/97--01004--013
***165.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)