

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J35081** (5)

1. Corporation Name
W. KELLY SMITH, INC.



Principal Place of Business: **% W. KELLY SMITH, 255 SOUTH ORANGE AVE. #850, ORLANDO FL 32801**
Mailing Address: **% W. KELLY SMITH, 255 SOUTH ORANGE AVE. #850, ORLANDO FL 32801**

3. Date Incorporated or Qualified: **09/25/1986**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-2721209**
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

2. Principal Place of Business: **21 Suite, Apt. #, etc. Suite 800**
22 City & State: **27 Suite 800**
23 Zip: **24** Country: **25**
2a. Mailing Address: **26 Suite, Apt. #, etc. Suite 800**
27 City & State: **28 Suite 800**
29 Zip: **30** Country: **31**

9. Name and Address of Current Registered Agent
**SMITH, W. KELLY
255 SOUTH ORANGE AVE.
SUITE 850
ORLANDO FL 32801**

10. Name and Address of New Registered Agent
81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): _____
83 **Suite 800**
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, Sections 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	SMITH, W. KELLY	
STREET ADDRESS	255 S ORANGE AVE #850	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOWDOIN, DOUGLAS	
STREET ADDRESS	255 S. ORANGE AVE #850	
CITY-ST-ZIP	ORLANDO FL	
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	Ste. 800
14 CITY-STATE	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	Ste. 800
18 CITY-STATE	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE	

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)(b), 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 or person in charge of this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report on an attached schedule with an address.

SIGNATURE: *[Signature]* **March 25, 1996** **4078437300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)