

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 PM 4: 15

DOCUMENT # **J49284** (9)

1. Corporation Name  
**SMB HOLDINGS, INC.**

Principal Place of Business: **120 1ST ST E #101 TIERRA VERDE FL 33715 US**  
Mailing Address: **P O BOX 58083 ST PETERSBURG FL 33715 US**  
*UNCHANGED. THIS IS FOR AIR MAIL APRIL 22*

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1986** 3a. Date of Last Report: **02/01/1994**  
4. FEI Number: **59-2771578** 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

2. Principal Place of Business: **21 5036 SANDPIPER LN. S. 22 ST. PETERSBURG FL. 23 33711 USA**  
2a. Mailing Address: **26 P.O. BOX 58083 27 ST. PETERSBURG FL 28 33715 USA**

9. Name and Address of Current Registered Agent:  
**BROWN, STANFORD M. 120 1ST ST. E #101 TIERRA VERDE FL 33715**

10. Name and Address of New Registered Agent:  
81 Name: **STANFORD M BROWN**  
82 Street Address (P.O. Box Number is Not Acceptable): **5036 SANDPIPER LN. S.**  
83 City: **ST. PETERSBURG FL** 85 Zip Code: **33711**

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 lines for registered agent and corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE: <b>PST</b>	NAME: <b>BROWN, STANFORD M.</b>	11 TITLE: <b>PST.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>120 E 1ST ST #101</b>	CITY ST ZIP: <b>TIERRA VERDE FL</b>	12 NAME: <b>BROWN, STANFORD M.</b>	
		13 STREET ADDRESS: <b>5036 SANDPIPER LN. S.</b>	
		14 CITY ST ZIP: <b>ST. PETERSBURG, FL. 33711</b>	
TITLE: <b>VPD</b>	NAME: <b>BROWN, PATRICIA F.</b>	21 TITLE: <b>V.P. - D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>120 1ST ST. E. #101</b>	CITY ST ZIP: <b>TIERRA VERDE FL</b>	22 NAME: <b>BROWN PATRICIA F.</b>	
		23 STREET ADDRESS: <b>5036 SANDPIPER LN. S.</b>	
		24 CITY ST ZIP: <b>ST. PETERSBURG, FL. 33711</b>	
TITLE:	NAME:	33 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY ST ZIP:	34 NAME:	
		35 STREET ADDRESS:	
		36 CITY ST ZIP:	
TITLE:	NAME:	43 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY ST ZIP:	44 NAME:	
		45 STREET ADDRESS:	
		46 CITY ST ZIP:	
TITLE:	NAME:	53 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY ST ZIP:	54 NAME:	
		55 STREET ADDRESS:	
		56 CITY ST ZIP:	
TITLE:	NAME:	63 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY ST ZIP:	64 NAME:	
		65 STREET ADDRESS:	
		66 CITY ST ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07, 119.08, 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]*  
SIGNATURE AND WITNESS ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR:  
**STANFORD M BROWN**

2-20-95 (813)  
864-9414