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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 4:21

DOCUMENT # J53350

(1)

1. Corporation Name

SMPC INCORPORATED

Principal Place of Business

610 NORTH YACHTSMAN DRIVE
SANIBEL FL 33957

Mailing Address

610 NORTH YACHTSMAN DRIVE
SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

c/o Hughes Snell Co. PA

3. Date Incorporated or Qualified

01/20/1987

3a. Date of Last Report

06/28/1994

4. FEI Number

59-2775473

Applied For

Not Applicable

21. Suite, Apt. #, etc

26. Suite, Apt. #, etc

470 Royal Palm Sq. BLVD

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22. City & State

27. City & State

Fort Myers FL

6. Procter Campaign, Equivalency,
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23. Zip

24. Country

28. Zip

29. Country

33919

USA

8. This Corporation has liability for intangible tax under 53-120.02,
Florida Statutes

X Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. State Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this above named corporation submits this statement for the purposes 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent, if Registered Agent is not the corporation, or the corporation, if the corporation is the registered agent, or the corporation, if the corporation is the registered agent.

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE
NAME
HEIDENREICH, THEODORE E.
STREET ADDRESS
611 N. YACHTSMAN DR.
CITY, ST, ZIP
SANIBEL FL

1. TITLE
2. NAME
STREET ADDRESS
610 N YACHTSMAN DR
CITY, ST, ZIP

2. TITLE
NAME
HEIDENREICH, JANE H.
STREET ADDRESS
611 N. YACHTSMAN DR.
CITY, ST, ZIP
SANIBEL FL

3. TITLE
4. NAME
STREET ADDRESS
610 N YACHTSMAN DR
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
6. NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

7. TITLE
8. NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

11. TITLE
12. NAME
STREET ADDRESS
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 established in section 135.01, 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 a signature on any other document filed with the Department of State. I understand that my signature on this report is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

T.E. Heidenreich Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
T.E. HEIDENREICH JR.

2/16/95

812 395-8857