

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J75992

(4)

1. Corporation Name

~~SMITH AND THOMPSON, P.A.~~ SMITH, THOMPSON & SHAW, P.A.

Principal Place of Business

3520 THOMASVILLE RD
FOURTH FL
TALLAHASSEE FL 32308
US

Mailing Address

3520 THOMASVILLE RD
FOURTH FL
TALLAHASSEE FL 32308
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/04/1987

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2809077

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, W. CRT
3520 THOMASVILLE RD
FOURTH FL
TALLAHASSEE FL 32308

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMITH, W. CRT
STREET ADDRESS 4150 ROCKBRIDGE HOLLOW
CITY- ST- ZIP TALLAHASSEE FL

1 1 TITLE D
1 2 NAME THOMPSON, SUSAN S.
1 3 STREET ADDRESS 8515 CONGRESSIONAL DRIVE
1 4 CITY- ST- ZIP TALLAHASSEE, FL 32312

☒ Change ☐ Addition

TITLE D
NAME THOMPSON, SUSAN S.
STREET ADDRESS 3840 PINE TIP ROAD
CITY- ST- ZIP TALLAHASSEE FL

2 1 TITLE D
2 2 NAME FRANK S. SHAW, III
2 3 STREET ADDRESS 2233 DEMERON RD.
2 4 CITY- ST- ZIP TALLAHASSEE FL 32312

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY- ST- ZIP

20000014350028
-04/06/95--01032--008
*****200.00 *****200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 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 Section 110.07(3)(k), 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

March 27, 1995 893-4105

Date

Register Number