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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:51

DOCUMENT # **L06986** **(8)**

1. Corporation Name
SMITH, MINGUS III & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
2279 E. SEMORAN BLVD. APOPKA FL 32703	2279 E. SEMORAN BLVD. APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **59-2966261** ☐ 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

GREENBERG, WILLIAM A.
6500 HIGHWAY 17-92
FERN PARK FL 32730

10. Name and Address of New Registered Agent

81 Name: NISI, FRANK P.
82 Street Address (P.O. Box Number is Not Acceptable): 205 East Central Boulevard
83
84 City: Orlando **FL** 85 Zip Code: 32801

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: _____ 5/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, WILLIAM S	12 NAME	IUDICE, FRANK	
STREET ADDRESS	474 ELMWOOD CIRCLE	13 STREET ADDRESS	6106 Cheshire Lane	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	DVS	21 TITLE		☒ Change ☐ Addition
NAME	MINGUS, TIMOTHY R.	22 NAME		
STREET ADDRESS	1471 OBERLIN TERRACE	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	MANSIR, CHARLES H	32 NAME		
STREET ADDRESS	1440 FARRINDON CIR	33 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☒ Change ☐ Addition
NAME	SMITH, JILL A	42 NAME		
STREET ADDRESS	474 ELMWOOD CIR	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

PRESENTED BY MAY 1

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)(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: _____ 5/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0036674 CP