

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L33160 (7)

1. Corporation Name

SMITH AND COMPANY OF PENSACOLA, INC.



Principal Place of Business

200 E. GOVERNMENT ST.  
STE 216C  
PENSACOLA FL 32501  
US

Mailing Address

200 E. GOVERNMENT ST.  
STE 216C  
PENSACOLA FL 32501  
US

2. Principal Place of Business

21 208 S. Alcaniz St.

Suite, Apt. #, etc.

22 City & State

23 Pensacola, Florida

24 Zip

32501

Country

25 USA

2a. Mailing Address

26 P.O. Box 747

Suite, Apt. #, etc.

27 City & State

28 Pensacola, Florida

29 Zip

32594-0747

Country

30 USA

3. Date Incorporated or Qualified

12/01/1989

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2979548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SMITH, ROBERT H.  
316 S BAYLEN ST, STE 490  
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

Robert H. Smith

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

208 S. Alcaniz St.

83

84 City

Pensacola

FL

85 Zip Code

32501

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 State, if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE:

12. OFFICERS AND DIRECTORS

☐ DELETE

1. TITLE

D

NAME

SMITH, ROBERT H.

STREET ADDRESS

316 S. BAYLEN ST. S-200

CITY-STATE-ZIP

PENSACOLA FL

2. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

500001840795

-05/28/96--01033--009

\*\*\*200.00

☐ Change

☐ Addition

cc 5/1/96

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 as an attachment with a new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/30/96 (904) 434-3434

CR2E034 (12/95)