

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L46944** (9)

1. Corporation Name
LACKEY, SMITH, INC.



Principal Place of Business

**601 BAYSHORE BLVD. STE 830
P O BOX 24222
TAMPA FL 33623**

Mailing Address

**601 BAYSHORE BLVD. STE 830
P O BOX 24222
TAMPA FL 33623**

2. Principal Place of Business

2a. Mailing Address

21 **5005 W. LAUREL ST.**

26 **P.O. Box 21488**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 212**

27

City & State

City & State

23 **TAMPA, FL**

28 **TAMPA FL**

Zip

Country **U.S.A.**

Zip

Country **U.S.A.**

24 **33607**

25 **HILLSBOROUGH**

29 **33622**

30 **U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
02/02/1990

3a. Date of Last Report
03/06/1995

4. FEI Number
59-2990205

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

10. Name and Address of New Registered Agent

**LACKEY, GEORGE W.
601 BAYSHORE BLVD
SUITE 830
TAMPA FL 33606**

81 Name

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

83 **5005 W. LAUREL ST. #212**

84 City
TAMPA

85 Zip Code
FL 33607

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LACKEY, GEORGE W.
7505 SUMMERBRIDGE DRIVE
TAMPA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Lackey

DATE

DayTime Phone #

1/11/96 *813-288-0388*

CR2E034 (12/95)