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 MAY -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L59570** **(6)**

1. Corporation Name
M. CONSTANCE SMITH & ASSOCIATES, INC.

Principal Place of Business
C/O FAITH K.STALNAKER
300 INTERNATIONAL PKWY STE 376
HEATHROW FL 32746

Mailing Address
C/O FAITH K.STALNAKER
300 INTERNATIONAL PKWY STE 376
HEATHROW FL 32746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/19/1990**
3a. Date of Last Report: **03/01/1994**

4. FEI Number: **59-3001331** ☐ 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

7. This corporation was initially incorporated for profit in Florida Statutes. ☒ Yes ☐ No

8. Name and Address of Current Registered Agent

STALNAKER, FAITH K.
300 INTERNATIONAL PKWY STE 376
PO BOX 1661
HEATHROW FL 32746

10. Name and Address of New Registered Agent

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 Section 607.1007 and 617.1808, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTORS

TITLE	PD
NAME	SMITH, M. CONSTANCE
STREET ADDRESS	1024 DRUID RD.
CITY ST ZIP	MAITLAND FL
TITLE	VD
NAME	COPPENGER, BRENDA G.
STREET ADDRESS	913 MOSS LANE
CITY ST ZIP	WINTER PARK FL
TITLE	~~STD~~
NAME	SMITH, ROBERT J.
STREET ADDRESS	1024 DRUID RD.
CITY ST ZIP	MAITLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
55 TITLE	☐ Change ☐ Addition
56 NAME	
57 STREET ADDRESS	
58 CITY ST ZIP	
59 TITLE	Smith, M Constance ☒ Change ☐ Addition
60 NAME	1024 DRUID RD. TITLE STD
61 STREET ADDRESS	MAITLAND, FL 32751
62 CITY ST ZIP	
63 TITLE	☐ Change ☐ Addition
64 NAME	
65 STREET ADDRESS	
66 CITY ST ZIP	
67 TITLE	☐ Change ☐ Addition
68 NAME	
69 STREET ADDRESS	
70 CITY ST ZIP	
71 TITLE	☐ Change ☐ Addition
72 NAME	
73 STREET ADDRESS	
74 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is effectively furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 added above with an address.

SIGNATURE: M. Constance Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. Constance M. Smith

4-26-95 (Date) 407 644 6614 (Daytime Phone)

0040446 CP