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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M89237** **(5)**

1. Corporation Name

~~SMITH, MCENTEE & COMPANY, P.A.~~
SMITH, TODD, MCENTEE & COMPANY, P.A. 12-1-95 N/C

Principal Place of Business	Mailing Address
CERTIFIED PUBLIC ACCOUNTANTS ~~2050 40TH AVENUE, SUITE 4~~ ~~VERO BEACH FL 32960~~	CERTIFIED PUBLIC ACCOUNTANTS ~~2050 40TH AVENUE, SUITE 4~~ ~~VERO BEACH FL 32960~~

3. Date Incorporated or Qualified: 07/12/1988
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21: 49 Royal Palm Blvd.
22 Suite, Apt. #, etc.: Suite 200
23 City & State: Vero Beach, FL
24 Zip: 32960
25 Country: USA

2a. Mailing Address
26: 49 Royal Palm Blvd.
27 Suite, Apt. #, etc.: Suite 200
28 City & State: Vero Beach, FL
29 Zip: 32960
30 Country: USA

4. FEI Number: 65-0061068 ☐ 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

SMITH, JOHN D
~~2050 40TH AVENUE~~
~~SUITE 4~~
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 49 Royal Palm Blvd.
83: Suite 200
84 City: Vero Beach, **FL** 85 Zip Code: 32960

11. Pursuant to the provisions of Sections 607.0502 and 607.150(2), 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 _____ (If FL Registered Agent is an individual) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHN DAVID SMITH, 1420 48TH AVENUE VERO BEACH FL 32960	☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DANIEL F. MCENTEE, 851 SW PINE TREE LANE PALM CITY FL 34960	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEAN, TIMOTHY W. 1636 51 CT VERO BEACH FL	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	VD ALBERT W. TODD, JR. 2543 PERSHING OAKS PLACE ORLANDO, FL 32806	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	400001872514 -06/24/96--01020--030 ***225.00	☐ Change ☐ Addition 6/22 JH

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: John D. Smith — 5/24/96 — 561-778-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #