

FILE NOW: FILING FEE IS \$61.25

NONPROFIT,
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N03799 (6)

1. Corporation Name

SMH SERVICES, INC.



Principal Place of Business

Mailing Address

C/O CORPORATE ACCOUNTING
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

C/O CORPORATE ACCOUNTING
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

3. Date Incorporated or Qualified

06/20/1984

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

c/o Accounting Services

4. FEI Number

59-2515855

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1700 South Tamiami Trail

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COVERT, MICHAEL H.
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239**

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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE **DVC** ☒ DELETE

NAME **COBB, PHYLLIS J**
STREET ADDRESS **3239 N RAMBLEWOOD DRIVE**
CITY-ST-ZIP **SARASOTA FL**

1.1 TITLE

D

1.2 NAME

Moss, Martin

1.3 STREET ADDRESS

1535 Harbor Place

1.4 CITY-ST-ZIP

Sarasota, FL

TITLE **DC** ☐ DELETE

NAME **HERBERT, ROBERT P**
STREET ADDRESS **1921 FLOYD STREET**
CITY-ST-ZIP **SARASOTA FL**

2.1 TITLE

S/T/D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE

NAME **COVERT, MICHAEL H.**
STREET ADDRESS **1700 S. TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **PHILLIPS, GERALD M**
STREET ADDRESS **825 S TAMiami TRAIL**
CITY-ST-ZIP **VENICE FL**

4.1 TITLE

C/D

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **SHRODER, MICHAEL M**
STREET ADDRESS **1435 S TAMiami TRAIL**
CITY-ST-ZIP **SARASOTA FL**

5.1 TITLE

V/C/D

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

NAME **NOVAK, RUSSELL M**
STREET ADDRESS **1921 WALDERMERE STREET, #705**
CITY-ST-ZIP **SARASOTA FL**

6.1 TITLE

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or not, in attachment with an address.

SIGNATURE:

Michael H. Covert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Covert

4/10/96

Date

917-1300

Daytime Phone #

CR2E037 (12/95)