

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000051 (1)

1. Corporation Name

SMOKERISE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RT 1 BOX 438-B HWY 121 SOUTH
MCLENNY FL 32063

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MCLENNY FL 32063

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

☒ Applied For

☐ Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

24

29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INGRAM, JOHN P JR
731 1ST ST SOUTH #3A
JACKSONVILLE BEACH FL 32250

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

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PD INGRAM, JOHN P JR RT 1 BOX 438-B HWY 121 SOUTH MCLENNY FL 32063 ☐ DELETE

CHARLES CHUPP D 1357 W. BEAVER ST JAX FL 32209 ☐ DELETE

JUNE KINGLAND D 1357 W. BEAVER ST JAX FL 32209 ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP ☐ Change ☐ Addition

CHARLES CHUPP, DIRECTOR 1357 W. BEAVER ST. JAX, FL 32209 ☐ Change ☐ Addition

JUNE KINGLAND, DIRECTOR 1357 W. BEAVER ST. JAX, FL 32209 ☐ Change ☐ Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP ☐ Change ☐ Addition

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

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***61.25

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