

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 # **P00561 (1)**

1. Corporation Name
PAUL R. SMITH, UNDERWRITING, INC.



Principal Place of Business: **10451 GULD BLVD. TREASURE ISLAND FL 33706 US**
Mailing Address: **P.O. BOX 67008 ST. PETERSBURG BEACH FL 33706-7008 US**

3. Date Incorporated or Qualified: **01/12/1984**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-1537536**
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

2. Principal Place of Business: 21 []
Suite, Apt. #, etc.: 22 []
City & State: 23 []
Zip: 24 [] Country: 25 []
2a. Mailing Address: 26 []
Suite, Apt. #, etc.: 27 []
City & State: 28 []
Zip: 29 [] Country: 30 []

9. Name and Address of Current Registered Agent

**GREGORY, WILLIAM P. P.A.
715 SWANN AVENUE
TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name: []
82 Street Address (P.O. Box Number is Not Acceptable): []
83 []
84 City: [] State: **FL** 85 Zip Code: []

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: [] (Print, typed, and/or printed name of registered agent, if applicable) (Print Registered Agent's name, if required when re-appointing) DATE: []

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SMITH, PAUL R.	
STREET ADDRESS	10451 GULF BOULEVARD	
CITY-STATE-ZIP	TREASURE ISLAND FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GREGORY WILLIAM P.	
STREET ADDRESS	715 SWANN AVENUE	
CITY-STATE-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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]* /William P. Gregory 3-4-96 813-367-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)