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Principal Place of Business Mailing Address 1134 CONCORD DRIVE 1134 CONCORD DRIVE 12707	LTB SMITH &	ASSOCIATES, INC.			02	JUL 22 PM	1 3: 01		
Principal Place of Business Mailing Address 1134 CONCORD DRIVE 1134 CONCORD DRIVE 12707					SE	CRETARY OF	STATE		
Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Not Applied To Name and Address of Current Registered Agent F. Name and Address of New Registered Agent Name LEWIS T. BEALE SMITH, V 113-A CONCORD DRIVE CASSELBERRY FL 32707 City Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) To Date Signature, typed or prison name of registered agent and the is applicable. Note: This corporation is eligible to satisfy its intangible Task filing requirement and elects to do so. (See criteria on back) Signature, typed or prison name of registered agent and the filing position. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State Int. PD OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS IN 11 INT.E MAME SITUATION INT.E SITUATION I	113-A CONCORD DRIVE		113-A CONCORD DRIVE		ŗáī.	LAHASSEE, F	FLORIDA	L 2010 R 1811 02120 1227	e 0020 i a kto 1 00 2
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City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Additional Fee Required Fee Required Fee Required Street Address of New Registered Agent Name LEWIS T. BEALE SMITH, V 113-A CONCORD DRIVE CASSELBERRY FL 32707 City Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Total Country City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Total City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Total City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SiGNATURE Signature, synd or printed reme of registered agent and the if appointment Agent supreture received when remaining) Total Fee Will be \$550.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of \$100.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of \$100.00 Trust Fund Contribution. Added to Fees Title Delete Title STD Delete Title STD Delete Title STD Delete Title MAKE Delete Title MAKE MAKE MAKE MAKE MAKE Delete Title Delete Title MAKE MAKE MAKE MAKE MAKE Applied For Street Address (P.O. Box Number is Not Acceptable) To Country In the Additional Fee Required Agent supreture received when remaining in the State of Florida. To Country In the State of Florida. The Country In the State of Florida. 10. Election Campaign Financing Trust Fund Contribution. Added to Fees Trust Fund Contribution. Additional Fee Required Applied For Not Agent Additional Fee Required To Change Additional Fee Required Applied For Not Agent Additional Fee Required To Change Addit	Suite, Apt. #, etc		Suite, Apt. #, etc.			7 00) NOT WRITE IN	THIS SPACE	
Zip Country Zip Country 5. Certificate of Status Desired									0.15
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CEWIS T. BEALE SMITH, V					45	59-372	329 9	" ⊢	ot Applicable
LEWIS T. BEALE SMITH, V 113-A CONCORD DRIVE CASSELBERRY FL 32707 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or photod name of registered opent and 98 if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) The corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD LEWIS T. BEALE SMITH, V TITLE MAME STREET ADDRESS THE M	Zip	Country	Zip	Country	5.	Certificate of Status	s Desired		
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and 856 if applicable. Postature, typed or printed name of registered agent and 856 if applicable. NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) DEFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 INTEL PD Delete TITLE MANE STREET ADDRESS STRY-ST-ZIP CASSELBERRY FL 32707 Delete TITLE NAME STREET ADDRESS STRY-ST-ZIP CASSELBERRY FL 32707 Delete TITLE NAME 113-A CONCORD DRIVE CASSELBERRY FL 32707 Delete TITLE NAME STREET ADDRESS STRY-ST-ZIP CHange Additional Change				· Gilest		DOX INGINOECTS INGE		·	
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