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 # **P33844** **(2)**

1. Corporation Name

T.J. SMITH & ASSOCIATES, INC.

Principal Place of Business

1594 VAN HERCKE LANE
CHULUOTA FL 32766

Mailing Address

1594 VAN HERCKE LANE
CHULUOTA FL 32766

3. Date Incorporated or Qualified: **05/07/1991**

3a. Date of Last Report: **04/24/1995**

4. FEI Number: **52-1210993** ☐ 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

SMITH, THOMAS JAMES
1594 VAN HERCKE LANE
CHULUOTA FL 32766

10. Name and Address of New Registered Agent

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 607.0502 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PC	☐ DELETE	13.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, THOMAS JAMES		13.2 NAME		
STREET ADDRESS	1594 VAN HERCKE LANE		13.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL		13.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	14.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	HOFFMAN, SHARON M.		14.2 NAME	George A. Hoffman	
STREET ADDRESS	2127 SARANAC STREET		14.3 STREET ADDRESS	2127 Saranac Street	
CITY-ST-ZIP	ADELPHI MD		14.4 CITY-ST-ZIP	Adelphi, MD 20783	
TITLE		☐ DELETE	15.1 TITLE		☐ Change ☐ Addition
NAME			15.2 NAME		
STREET ADDRESS			15.3 STREET ADDRESS		
CITY-ST-ZIP			15.4 CITY-ST-ZIP		
TITLE		☐ DELETE	16.1 TITLE		☐ Change ☐ Addition
NAME			16.2 NAME		
STREET ADDRESS			16.3 STREET ADDRESS		
CITY-ST-ZIP			16.4 CITY-ST-ZIP		
TITLE		☐ DELETE	17.1 TITLE		☐ Change ☐ Addition
NAME			17.2 NAME		
STREET ADDRESS			17.3 STREET ADDRESS		
CITY-ST-ZIP			17.4 CITY-ST-ZIP		
TITLE		☐ DELETE	18.1 TITLE		☐ Change ☐ Addition
NAME			18.2 NAME		
STREET ADDRESS			18.3 STREET ADDRESS		
CITY-ST-ZIP			18.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report is 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: Thomas James Smith Thomas James Smith 03/25/96 (407) 366-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)