

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 # **P92000013109 (3)**

1. Corporation Name

SMART MARKETING RELOCATION SERVICES, INC.



Principal Place of Business

**1600 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310**

Mailing Address

**1600 CAPITAL CIRCLE SW
TALLAHASSEE FL 32310**

3. Date Incorporated or Qualified
12/21/1992

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-3160760

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOWE, FRANCES CASEY
1600 CAPITAL CIR S.W.
TALL FL 32310**

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 607.1508, 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

(Signature of Registered Agent required when changing)

(Signature of Registered Agent required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DVPT**
STREET ADDRESS **ARCHIBALD, KATHY**
CITY, ST, ZIP **ROUTE 3 BOX 745
TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **PRINCE, ROBERT E**
CITY, ST, ZIP **1600 CAPITAL CIR SW
TALL FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D/P**
2.3 STREET ADDRESS **Ronald K. Sauls**
2.4 CITY, ST, ZIP **1600 Capital Circle SW
TALL FLA 32310**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **THOMPSON, CLAYTON**
CITY, ST, ZIP **1600 CAPITAL CIR SW
TALL FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **V**
4.3 STREET ADDRESS **Frances Casey Lowe**
4.4 CITY, ST, ZIP **1600 Capital Circle SW
TALL FLA 32310**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald K. Sauls, President

Date

1/22/96

Daytime Phone #

904 575 0189

CR2E034 (12/95)