

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 # P93000014965 (6)

1. Corporation Name

DEBORAH M. SMOOT, P.A.



Principal Place of Business

920 THIRD STREET
SUITE C
NEPTUNE BEACH FL 32266

Mailing Address

920 THIRD STREET
SUITE C
NEPTUNE BEACH FL 32266

2. Principal Place of Business

2a. Mailing Address

21 1015 ATLANTIC BLVD

26 1015 ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #323

27 #323

City & State

City & State

23 ATLANTIC BEACH, FL

28 ATLANTIC BEACH, FL

Zip

Zip

Country

Country

24 32233

25 USA

29 32233

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMOOT, DEBORAH M
920 THIRD STREET
SUITE C
NEPTUNE BEACH FL 32266

81 Name

Karen B. O'Neill

82 Street Address (F.O. Box Number is Not Acceptable)

1009 21st Street North

83

84 City

Jacksonville Beach, FL

85 Zip Code

32250

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 Karen B. O'Neill

Karen B. O'Neill

4/5/96

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent Signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMOOT, DEBORAH M
STREET ADDRESS 910 THIRD STREET, SUITE 6
CITY-ST-ZIP NEPTUNE BEACH FL

☐ DELETE

1.1 TITLE V
1.2 NAME SMOOT, WILLIAM T.
1.3 STREET ADDRESS 1015 ATLANTIC BLVD, #323
1.4 CITY-ST-ZIP ATLANTIC BEACH, FL 32233

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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)(a), 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:

William T. Smoot

William T. Smoot

04-05-96

270-0183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)