

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000020284 (4)

1. Corporation Name
DONALD W. SMUCKER, P.A.



Principal Place of Business

Mailing Address

~~1776 RINGLING BLVD~~
~~SARASOTA FL 34236~~

~~1776 RINGLING BLVD~~
~~SARASOTA FL 34236-6836~~

3. Date Incorporated or Qualified
03/15/1993

3a. Date of Last Report
02/06/1996

2. Principal Place of Business

21 10353 Fruitville Rd

2a. Mailing Address

26 P.O. Box 3556

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 SARASOTA, FL

27 City & State

28 SARASOTA, FL

24 Zip 34240

25 Country USA

29 Zip 34230-3556

30 Country USA

4. FEI Number

65-0397936

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

SMUCKER, DONALD W ESQ

~~1776 RINGLING BLVD~~

~~SARASOTA FL 34236~~

10. Name and Address of New Registered Agent

81 Name

Smucker, Donald W., Esq.

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

10353 Fruitville Rd.

83

84 City

SARASOTA

FL

85 Zip Code 34240

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 typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Donald W. Smucker, Esq. 01/06/96

12. OFFICERS AND DIRECTORS

TITLE	DPVS	<input type="checkbox"/> DELETE
NAME	SMUCKER, DONALD W ESQ	
STREET ADDRESS	1776 RINGLING BLVD 10353 Fruitville Rd	
CITY - ST - ZIP	SARASOTA FL SARASOTA, FL	
TITLE		<input type="checkbox"/> DELETE 34240
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/96 (941) 377-1006

Date

Daytime Phone #

CR2E034 (9/96)