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 # **P93000029253 (0)**

1. Corporation Name

SMITH ENTERPRISES OF CHARLOTTE, INCORPORATED

Principal Place of Business	Mailing Address
4650 ARLINGTON DR CAPE HAZE FL 33946	4650 ARLINGTON DR CAPE HAZE FL 33946

3. Date Incorporated or Qualified: **04/20/1993**
3a. Date of Last Report: **04/10/1995**

2. Principal Place of Business
21 4650 Arlington DR
Suite, Apt. #, etc.
22 Windward
City & State
23 Placida, FL
Zip 24 33946 Country 25 USA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27 SAME
City & State
28 SAME
Zip 29 SAME Country 30 SAME

4. FEI Number: **65-0407154** ☐ 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

SMITH, ROBERT
4650 ARLINGTON DR
CAPE HAZE FL 33946

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Robert L. Smith Sec. Robert L. Smith 1/13/96
Signature of, & typed or printed name of, individual authorized by filing officer (Note: If Registered Agent's signature required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1 1 TITLE	☐ Change ☐ Addition
NAME	SMITH, DONNA H	1 2 NAME	
STREET ADDRESS	4650 ARLINGTON DR	1 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL 33946	1 4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	2 1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROBERT L	2 2 NAME	
STREET ADDRESS	4650 ARLINGTON DR	2 3 STREET ADDRESS	
CITY-ST-ZIP	CAPE HAZE FL 33946	2 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Robert L. Smith 1/15/96 941-697-6302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #