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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000035092 (4)**

1. Corporation Name
SMOKE RISE WOOD PRODUCTS, INC.

Principal Place of Business	Mailing Address
2163 ORANGE AVENUE DAYTONA BEACH FL 32124-6577	2163 ORANGE AVENUE DAYTONA BEACH FL 32124-6577

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 2163 Orange Drive	26 1648 Taylor Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 333
City & State 23 Daytona Beach, FL	City & State 28 Daytona Beach, FL
Zip / Country 24 32124 / 25 US	Zip / Country 29 32124 / 30 US

4. FEI Number: 59-3184754 ☐ 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
YOVANOVICH, MICHAEL C PH.D. 2163 ORANGE DRIVE DAYTONA BEACH FL 32124-6577	81 Name: Michael C. Yovanovich, Ph.D. 82 Street Address (P.O. Box Number is Not Acceptable): 1648 Taylor Road, Suite 333 83 84 City: Daytona Beach, FL 85 Zip Code: 32124

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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAM M. BRYSON, III	12 NAME	
STREET ADDRESS	C/O 2163 ORANGE DR	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL 77	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☐ Change ☒ Addition
NAME	WAYNE J. RAUCH	22 NAME	Carol L. Yovanovich
STREET ADDRESS	C/O 2163 ORANGE DRIVE	23 STREET ADDRESS	c/o 2163 Orange Drive
CITY-ST-ZIP	DAYTONA BCH FL 77	24 CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	CST	31 TITLE	☐ Change ☐ Addition
NAME	YOVANOVICH, MICHEAL PHD	32 NAME	200001464602
STREET ADDRESS	C/O 2163 ORANGE DRIVE	33 STREET ADDRESS	-04/26/95--01012--006
CITY-ST-ZIP	DAYONA BEACH FL 77	34 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	41 TITLE	V ☒ Change ☐ Addition
NAME	BRYSON VIRGINIA G.	42 NAME	
STREET ADDRESS	C/O 2163 ORANGE DR	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL 77	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☒ Addition
NAME	YOVANOVICH, CAROL L.	52 NAME	William M. Bryson, IV
STREET ADDRESS	C/O 2163 ORANGE DR	53 STREET ADDRESS	c/o 2163 Orange Drive
CITY-ST-ZIP	DAYTONA BCH FL 77	54 CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Jeffrey K. Bryson
STREET ADDRESS		63 STREET ADDRESS	c/o 2163 Orange Drive
CITY-ST-ZIP	4-24-95 tg	64 CITY-ST-ZIP	Daytona Beach, FL 32124

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)(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, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 904-760-3692
(SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER) (Date) (Daytime Phone #)
Michael C. Yovanovich, Ph.D.

0011844 CP