

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050590 (7)

1. Corporation Name

**MELINDA SMITH CLARDY, MILLS B SMITH, KENT A SMIT
H, INC**

Principal Place of Business

**1323 EDGEWOOD AVE
JACKSONVILLE FL 32205**

Mailing Address

**1323 EDGEWOOD AVE
JACKSONVILLE FL 32205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/14/1993

3a. Date of Last Report
06/03/1994

2. Principal Place of Business

21

State Apt # etc

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State Apt # etc

27

City & State

28

Zip

Country

29

Country

30

4. FEI Number

59-3188981

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 190.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CLARDY, MELINDA S
3404 SOUTEL DR.
JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

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 607.1503, 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 Agent or other person authorized to act as agent and who is acceptable

Signature of Registered Agent (signature must appear on this line)

DATE

12.

OFFICERS AND DIRECTORS

NAME

D

NAME

CLARDY, MELINDA S

STREET ADDRESS

3404 SOUTEL DR.

CITY, STATE, ZIP

JACKSONVILLE FL 32208

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

NAME

NAME

STREET ADDRESS

CITY, STATE, ZIP

13.

ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY, STATE, ZIP

☐ Change ☐ Addition

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, STATE, ZIP

☐ Change ☐ Addition

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, STATE, ZIP

☐ Change ☐ Addition

13. NAME

14. NAME

15. STREET ADDRESS

16. CITY, STATE, ZIP

☐ Change ☐ Addition

17. NAME

18. NAME

19. STREET ADDRESS

20. CITY, STATE, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this form is accurately furnished and does not qualify for the exemption stated in Section 190.032, Florida Statutes. I further certify that the information indicated on this change report or supplemental annual report is true and accurate and that my registration shall have the same legal effect as if made in accordance with that registration or director of the corporation or the reason of the change requested to amend this report as required by Chapter 607, Florida Statutes, and that my report appears on Block 12 or Block 13 of this report or on any attachment with an address.

SIGNATURE:

Melinda S. Clardy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELINDA S. CLARDY

6-28-95