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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 JUN 16 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076801 (8)

1. Corporation Name

SMITH & NEAL ENTERPRISES, INC.

Principal Place of Business

1546 RIVER OAKS DR.
TARPON SPRINGS FL 34689

Mailing Address

1546 RIVER OAKS DR.
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

11/04/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3211872

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 Fee

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 429 Lincoln Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Ste C

27 Suite, Apt. #, etc.

City & State

23 Tarpon Springs, FL

City & State

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Zip

24 34689

Country

25 United States

Zip

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Country

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9. Name and Address of Current Registered Agent

SMITH, MILTON B
1546 RIVER OAKS DR.
TARPON SPRINGS FL 34689

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 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0508, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

P

SMITH, MILTON B
1546 RIVER OAKS DR.
TARPON SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

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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 110.07(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

Latrell Smith

5/13/95

813-937-7985

(Signature, typed or printed name of signing officer or director)

Date

Signature Number