

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 # P94000006039 (9)

1. Corporation Name

SMITHPOINTE, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 1367  
MCCOMB MS 39048

POST OFFICE BOX 1367  
MCCOMB MS 39048

2. Principal Place of Business

2a. Mailing Address

21 5110 University Blvd W

26 5110 University Blvd W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27 Suite A

City & State

City & State

23 Jax, FL

28 Jax, FL

Zip Country

Zip Country

24 32216

25 1

29 32216

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/14/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

64-0839414

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

D Vice President  
SMITH, STEWART A SR.  
P. O. BOX 1367  
MCCOMB MS 39648

TITLE NAME ☐ DELETE

D President  
SMITH, STEWART A JR.  
P. O. BOX 1367  
MCCOMB MS 39648

TITLE NAME ☐ DELETE

D Secretary  
SMITH, AILEEN B  
P. O. BOX 1367  
MCCOMB MS 39648

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☐ Addition

1.2 NAME Smith, Stewart A. SR.

1.3 STREET ADDRESS

NA P.O. Box 1367

1.4 CITY - ST - ZIP

McComb, MS 39648

2.1 TITLE President ☐ Change ☐ Addition

2.2 NAME Smith, Stewart A. Jr.

2.3 STREET ADDRESS

NA P.O. Box 1367

2.4 CITY - ST - ZIP

McComb, MS 39648

3.1 TITLE Secretary ☐ Change ☐ Addition

3.2 NAME Smith, Aileen B.

3.3 STREET ADDRESS

NA P.O. Box 1367

3.4 CITY - ST - ZIP

McComb, MS 39648

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

500001839115  
-05/24/96--01090--031

\*\*\*200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)