

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 1:54

DOCUMENT # P94000029007 (9)

1. Corporation Name

WILBUR SMITH PARTNERSHIPS, INC.

Principal Place of Business
2460 MCGREGOR BLVD
FT MYERS FL 33901

Mailing Address
2460 MCGREGOR BLVD
FT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1994

3a. Date of Last Report

N/A

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTA, STEVEN
1619 JACKSON ST
FT MYERS FL 33901

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City

FL

05 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 typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

GAT

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

01 TITLE

D

02 NAME

SMITH, WILBUR C III
2460 MCGREGOR BLVD
FT MYERS FL 33901

03 STREET ADDRESS

04 CITY, ST, ZIP

05 TITLE

06 NAME

07 STREET ADDRESS

08 CITY, ST, ZIP

09 TITLE

10 NAME

11 STREET ADDRESS

12 CITY, ST, ZIP

13 TITLE

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

01 TITLE

02 NAME

03 STREET ADDRESS

04 CITY, ST, ZIP

05 TITLE

06 NAME

07 STREET ADDRESS

08 CITY, ST, ZIP

09 TITLE

10 NAME

11 STREET ADDRESS

12 CITY, ST, ZIP

13 TITLE

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 TITLE

18 NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

☐ Change ☐ Addition

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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 119.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

WILBUR C. SMITH
WILBUR C. SMITH JR.

3-13-95

Date

Signature Printed