

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Teresa B. MARTIN
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:28

DOCUMENT # P94000034252 (4)

1. Corporation Name

R.E. SMITH & SONS, INC.

2. Principal Place of Business 2131 RIDGE RD #95 LARGO FL 34648		26. Mailing Address 2131 RIDGE RD #95 LARGO FL 34648		(2) Not Applicable	
21. Suite, Apt. #, etc.	27. City & State	28. Zip Code	29. County	30. County	31. Date Incorporated or Qualified 05/06/1994
22. City, A State	23. City, A State	24. City, A State	25. City, A State	26. City, A State	32. Date of Last Report Not Applicable
9. Name and Address of Current Registered Agent SMITH, MARK J 2131 RIDGE RD #95 LARGO FL 34648		10. Name and Address of New Registered Agent			
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code	86.

11. Pursuant to the provisions of Sections 607.0901 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 a Florida citizen and I accept the obligations of Chapter 607.0908, Florida Statute.

SIGNATURE:

1/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGED OFFICERS AND DIRECTORS	
NAME	MARK J. SMITH, SR 2131 RIDGE RD #95 LARGO FL 34648	14.001 NAME 14.001 ADDRESS 14.001 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.002 NAME 14.002 ADDRESS 14.002 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.003 NAME 14.003 ADDRESS 14.003 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.004 NAME 14.004 ADDRESS 14.004 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.005 NAME 14.005 ADDRESS 14.005 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.006 NAME 14.006 ADDRESS 14.006 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.007 NAME 14.007 ADDRESS 14.007 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.008 NAME 14.008 ADDRESS 14.008 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.009 NAME 14.009 ADDRESS 14.009 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.010 NAME 14.010 ADDRESS 14.010 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.011 NAME 14.011 ADDRESS 14.011 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.012 NAME 14.012 ADDRESS 14.012 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.013 NAME 14.013 ADDRESS 14.013 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.014 NAME 14.014 ADDRESS 14.014 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.015 NAME 14.015 ADDRESS 14.015 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.016 NAME 14.016 ADDRESS 14.016 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.017 NAME 14.017 ADDRESS 14.017 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.018 NAME 14.018 ADDRESS 14.018 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.019 NAME 14.019 ADDRESS 14.019 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		14.020 NAME 14.020 ADDRESS 14.020 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I declare, under penalty of perjury, that the information supplied with this document is voluntarily furnished and does not qualify for the exemption stated in the law (Chapter 607.0908, Florida Statutes). I further certify, that the information contained in the 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. I also agree to serve as officer or director of the corporation or the trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 or Block 3 of a copy of this document attached with an attachment.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/95 813550970