

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046041 (7)

1. Corporation Name

D. LAMAR SMITH, P.A.



Principal Place of Business

301 W BAY ST
BOX 22
JACKSONVILLE FL 32202

Mailing Address

301 W BAY ST
BOX 22
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified

06/21/1994

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3273997

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

29

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, D. LAMAR
301 W BAY ST
BOX 22
JACKSONVILLE FL 32202

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 607.07(6) 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 607.0705, Florida Statutes.

SIGNATURE

(Signature of person authorized to make change, if any, in 11.)

(Signature of Registered Agent, if registered agent is changing)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
	D SMITH, D. LAMAR	301 W BAY ST	JACKSONVILLE FL 32202	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	☐ DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	☐ Change ☐ Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY, ST, ZIP	☐ Change ☐ Addition
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY, ST, ZIP	☐ Change ☐ Addition
13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY, ST, ZIP	☐ Change ☐ Addition
17. TITLE	18. NAME	19. STREET ADDRESS	20. CITY, ST, ZIP	☐ Change ☐ Addition
21. TITLE	22. NAME	23. STREET ADDRESS	24. CITY, ST, ZIP	☐ Change ☐ Addition

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)(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 changes, or on an attachment with an address.

SIGNATURE:

D. Lamar Smith

(904) 355-4977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)