FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047299 (0)**

1. Corporate Name
SMJB, INC.

Principal Place of Business
2740 GROVE PLACE
SARASOTA FL 34239

Mailing Address
2740 GROVE PLACE
SARASOTA FL 34239

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/24/1994**
3a. Date of Last Report:

2. Principal Place of Business
21

26. Mailing Address
26

4. FEI Number: **65-0499761**
Applied For
Not Applicable

Suite, Apt. # or
22

Suite, Apt. # or
27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State
23

City & State
28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip
24

County
25

Zip
29

County
30

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

9. Name and Address of Current Registered Agent

MCMAHON, MICHAEL
2740 GROVE PLACE
SARASOTA FL 34239

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 607.1501 and 607.1502 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. The corporation's Board of directors hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505 Florida Statutes.

SIGNATURE

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
01 Title	DPT	☐ Change ☐ Addition
02 Name	MCMAHON, MICHAEL	
03 Street Address	2740 GROVE PLACE	
04 City, St, Zip	SARASOTA FL 34239	
05 Title	DVS	☐ Change ☐ Addition
06 Name	MCMAHON, SARAH J	
07 Street Address	2740 GROVE PLACE	
08 City, St, Zip	SARASOTA FL 34239	
09 Title		☐ Change ☐ Addition
10 Name		
11 Street Address		
12 City, St, Zip		
13 Title		☐ Change ☐ Addition
14 Name		
15 Street Address		
16 City, St, Zip		
17 Title		☐ Change ☐ Addition
18 Name		
19 Street Address		
20 City, St, Zip		
21 Title		☐ Change ☐ Addition
22 Name		
23 Street Address		
24 City, St, Zip		

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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 above, or on an attachment with an address.

SIGNATURE: Sarah McMahon 4/26/95 813-955-9440

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0344100 CP