

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 # P94000075378 (7)

1. Corporation Name

BARRY SMITH & ASSOCIATES, INC.



Principal Place of Business

315 PLANT AVE  
TAMPA FL 33606

Mailing Address

315 PLANT AVE.  
TAMPA FL 33606

2. Principal Place of Business

21 Sub: Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 26392  
State, Apt. #, etc.

27 City & State

28 Tampa FL  
Zip Country

29 33622 30 Hillsborough

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

07/26/1995

4. FEI Number

APPLIED FOR 51-3286007

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

9. Name and Address of Current Registered Agent

SMITH, BARRY  
315 PLANT AVE.  
TAMPA FL 33606

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 607.0502 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 607.0509, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register agent or director

(Print) Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D SMITH, BARRY  
STREET ADDRESS 315 PLANT AVE.  
CITY, ST, ZIP TAMPA FL 33606

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY, ST, ZIP

2 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY, ST, ZIP

3 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY, ST, ZIP

4 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY, ST, ZIP

5 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY, ST, ZIP

6 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY, ST, ZIP

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 included 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, 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 changed, or on an attachment with my address.

SIGNATURE:

*Barry Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY SMITH

2/8/96 813/289-8197

CR2E034 (12/95)