FILE	NOW: FILING FEE	AFTER MAY 1 I	S \$225 00		
· F CORI ANNU	PROFITION AL REPORT	FLORIDA DEPA Sandra Scorete	RIMENT OF STATE  B. Medham  ary of State  CORPORATIONS		
DOCUMENT # P94000075801 (8)					
1. Corporation Name  JULIE EASON SMITH, P.A.					
VOLIL	LACON OMITTI, T.A.			1 1831/231 1/8 10/11 410/1 62/14 62/1	
Principal Place of Business  1750 E BROADWAY ST SUITE 220 OMEDO FL 32765		Mailing Address 1116 DUNCAN DRIVE WINTER SPRINGS FL 32708			II OBARI BORA IOORI OIIBI IOONI BOIR IJA IARI
US				3. Date Incorporated or Qualified 10/13/1994	3a. Date of Last Report 05/01/1995
2. Principal Place	^ .	2a. Mailing Address	ν ι .	4. FEI Number 59-3283454	Applied For
21 <b>[750</b> Suite, Apt. #		26 17 50 60. Suite, Apt. #, atc.	Broadway	+	Not Applicable  \$8.75 Additional
	بح اعت	27 Suite 17	, Z	5. Certificate of Status Desired	Fee Required
City & State	do. R	Oity & State  28 Outedo	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ	Country	Z <sub>Q</sub>	Country	8. This corporation has liability for it	itangible tax under s. 199.032.
24 327	9. Name and Address of Current	29 3 4 165 Registered Agent	30 Seminole	Florida Statutes Yes  10. Name and Address of New Re	
A1 100 1	43 41 40* 40		81 Name		
SMITH, JULIE E 1116 DUNCAN DRIVE 82 Street 7			82 Street Addre	ss (P.O. Box Number is Not Acceptable	e)
	SPRINGS FL 32708		B3		
•			84 City		<b>85</b> Zip Code
11. Pursuant to	the provisions of Sections 607 0502	and £07 1508. Elauda Staluta		tion submits this statement for the purp	FL   `
or ≢ogistere	d agent, or both, in the State of Florid i, and accept the obligations of, Section	<ul> <li>Such chance was authorize</li> </ul>	s, the above harned corpora ed by the corporation's board	ation submits this statement for the purp d of directors. Thereby accept the appo	nose or changing its registered office intrinent as registered agent. Lam
SIGNATURE					
12,	grabie, typic or protect care, it registed tige at a OF FICERS AND		<ul> <li>Bug threat Agent signature contract</li> <li>13.</li> </ul>	ADDITIONS/CHANGES TO OFFI	DATE OF DS AND DIG! OTODS INLES
TITLE	PSMD	DELETE	1 1 111111	ADDITIONS STANGES TO OFF	Change Addition
NAME	SMITH, JULIE E		1.2 NAME		
STREET ADDRESS	1116 DUNCAN DR WINTER SPRINGS FL		L3 STREET ADDRESS		
CITY - ST - ZIP TITLE	THE THE THE TENTON I L	DELETE	2 1 TITLE		CT Change CT Addition
NAME			2.2 NAME		Change Addition
STREET ADDRESS			23 STREET ADDRESS		
CITY - ST - ZIP			2.4.C-TY - \$1 - ZIP		
TITLE		☐ OELETE	3 1 THUE		Change Addition
NAME STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3 STHEET ADDRESS 3.4 CITY - ST-ZIP		
T.TLE		☐ DELETE	4 1 Till E		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIF TITLE		E DELETE	44 CITY - ST - 7IP		
NAME		☐ DELETE	5 1 TITLE 52 NAME +	50000181	Change Addition
STREET ADDRESS			5 3 STREET ADDRESS	<b>50000181</b> -05/10/96010;	22017
CITY+ST-ZIP			5.4 C(TY-ST-ZIP	***200.00	
TITLE		☐ DELETE	6 1 TiTLE		Change Addition
NAME			€ 2 NAME		7º,
STREET ADDRESS			6.3 STREET ADDRESS		75.1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and oces 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 en powered 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 an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR