

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000082789 (6)

1. Corporation Name

SMART MAPS, INC.

Principal Place of Business

5510 PUERTO DEL SOL BLVD., STE. 233
ST. PETERSBURG FL 33715

Mailing Address

5510 PUERTO DEL SOL BLVD., STE. 233
ST. PETERSBURG FL 33715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 9007 BAY STREET NE

2a. Mailing Address

26 SAME AS # 21

4. FEI Number

59-3287229

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24 33702

25

29 SAME

30

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

WALL, JAN

5510 PUERTO DEL SOL BLVD., STE. 233
ST. PETERSBURG FL 33715

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

9007 BAY STREET NE

83

84 City

FL

85 Zip Code

33702

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WALL, JAN
STREET ADDRESS 5510 PUERTO DEL SOL BLVD., STE. 233
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE D
NAME BELLO, ROBIN
STREET ADDRESS 5510 PUERTO DEL SOL BLVD., STE. 233
CITY-ST-ZIP ST. PETERSBURG FL 33715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 9007 BAY STREET NE
1.4 CITY-ST-ZIP ST PETER. FL 33702

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 9007 BAY STREET NE
2.4 CITY-ST-ZIP ST PETER. FL 33702

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS BELLO
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME (THERE IS NO "I" ON THE
4.3 STREET ADDRESS END.)
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an addition with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Anytime After)

MARCH 12, 95
415-960-4470

0415006 VP