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 FEB 27 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000084039 (4)**

1. Corporation Name
THE SMOAK COMPANIES OF NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
9334 CYPRESS SHORES LANE JACKSONVILLE FL 32257	9334 CYPRESS SHORES LANE JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/14/1994
3a. Date of Last Report:

2. Principal Place of Business
21 441-B Grace Ave
22 Suite, Apt. #, etc.
23 City & State: Panama City, FL
24 Zip: 32401
25 Country: Bay

2a. Mailing Address
26 P.O. Box 2263
27 Suite, Apt. #, etc
28 City & State: Panama City, FL
29 Zip: 32402
30 Country: Bay

4. FEI Number: 59-3279760 ☐ 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

SMOAK, JAMES M JR
9334 CYPRESS SHORES LANE
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: LINDA D. SMOAK
82 Street Address (P.O. Box Number is Not Acceptable): 441-B Grace Ave.
83
84 City: Panama City FL 85 Zip Code: 32401

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: Linda D. Smoak — LINDA D. SMOAK — 1/19/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature required when changing) — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	President ☒ Change ☐ Addition
NAME	LINDA D. SMOAK	12 NAME	LINDA D. SMOAK
STREET ADDRESS	441-B Grace Ave.	13 STREET ADDRESS	441-B Grace Ave.
CITY-ST-ZIP	Panama City, FL 32401	14 CITY-ST-ZIP	Panama City, FL 32401
TITLE		21 TITLE	Vice-President ☒ Change ☐ Addition
NAME		22 NAME	EDWARD BECKSTROM
STREET ADDRESS		23 STREET ADDRESS	441-B GRACE Ave.
CITY-ST-ZIP		24 CITY-ST-ZIP	Panama City, FL 32401
TITLE		31 TITLE	SECRETARY ☒ Change ☐ Addition
NAME		32 NAME	A. Clayton Fields
STREET ADDRESS		33 STREET ADDRESS	441-B Grace Ave.
CITY-ST-ZIP		34 CITY-ST-ZIP	Panama City, FL 32401
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is validly 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 if changed, or on an attachment with an address.

SIGNATURE: Linda D. Smoak — LINDA D SMOAK — 1/19/95 — 904-747-9664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0021909 CP