

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

DOCUMENT # P94000084039 (4)

1. Corporation Name

THE SMOAK COMPANIES OF NORTH FLORIDA, INC.



Principal Place of Business

Mailing Address

441-B GRACE AVENUE
PANAMA CITY FL 32401
US

P O BOX 2263
PANAMA CITY FL 32402
US

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
02/27/1995

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

2. Principal Place of Business
21 4533 4 Sunbeam Rd.

2a. Mailing Address
26 P.O. Box 57574

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Jacksonville, FL

City & State
28 JACKSONVILLE FL

Zip
24 32257

Country
25 Duval

Zip
29 32241

Country
30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMOAK, LINDA D
441-B GRACE AVENUE
PANAMA CITY FL 32401

81 Name

LINDA D. SMOAK

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

2348 MILLER OAKS DR N.

83

84 City

JACKSONVILLE

FL

85 Zip Code

32217

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

(NOTE: Registered Agent signature required when reinstating)

3/14/96
DAY

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMOAK, LINDA D
STREET ADDRESS 441-B GRACE AVENUE
CITY-ST-ZIP PANAMA CITY FL

TITLE VP ☐ DELETE

NAME BECKSTROM, EDWARD
STREET ADDRESS 441-B GRACE AVENUE
CITY-ST-ZIP PANAMA CITY FL

TITLE S ☒ DELETE

NAME FIELDS, G. C
STREET ADDRESS 441-B GRACE AVENUE
CITY-ST-ZIP PANAMA CITY FL

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

1.1 TITLE ~~President~~ Secretary/Treasurer ☒ Change ☐ Addition

1.2 NAME LINDA D. SMOAK
1.3 STREET ADDRESS 2348 MILLER OAKS DR N.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217

2.1 TITLE VP ☒ Change ☐ Addition

2.2 NAME EDWARD BECKSTROM
2.3 STREET ADDRESS 4823 Shelby Ave.
2.4 CITY-ST-ZIP Jacksonville, FL 32210

3.1 TITLE VP ☐ Change ☒ Addition

3.2 NAME James M. SMOAK, III
3.3 STREET ADDRESS 10622 Airport Terrace Dr.
3.4 CITY-ST-ZIP Jacksonville, FL 32207

4.1 TITLE Secretary/Treasurer ☐ Change ☒ Addition

4.2 NAME James M. SMOAK, JR.
4.3 STREET ADDRESS 2348 MILLER OAKS DR N.
4.4 CITY-ST-ZIP Jacksonville, FL 32217

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 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96
DAY

904-737-1049
Daytime Phone #

CR2E034 (12/95)