

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 441-B GRACE AVENUE PANAMA CITY FL 32401 US		Mailing Address 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
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2. Principal Place of Business 21 4533-4 Sunbeam Rd. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 57574 Suite, Apt. #, etc. 27	4. FEI Number 59-3279760	Applied For Not Applicable
23 City & State Jacksonville, FL	28 City & State JACKSONVILLE FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32257	25 Country Dural	29 Zip 32244	30 Country Dural

9. Name and Address of Current Registered Agent SMOAK, LINDA D 441-B GRACE AVENUE PANAMA CITY FL 32401				10. Name and Address of New Registered Agent			
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: *James M. Smoak, III* (NOTE: Registered Agent signature required when reinstating) 3/14/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P	NAME SMOAK, LINDA D	STREET ADDRESS 441-B GRACE AVENUE	CITY-ST-ZIP PANAMA CITY FL	1.1 TITLE President	1.2 NAME LINDA D. SMOAK	1.3 STREET ADDRESS 2348 MILLER OAKS DR N.	1.4 CITY-ST-ZIP JACKSONVILLE, FL 32217
TITLE VP	NAME BECKSTROM, EDWARD	STREET ADDRESS 441-B GRACE AVENUE	CITY-ST-ZIP PANAMA CITY FL	2.1 TITLE VP	2.2 NAME EDWARD BECKSTROM	2.3 STREET ADDRESS 4823 Shelby Ave.	2.4 CITY-ST-ZIP Jacksonville, FL 32210
TITLE S	NAME FIELDS, G. C	STREET ADDRESS 441-B GRACE AVENUE	CITY-ST-ZIP PANAMA CITY FL	3.1 TITLE VP	3.2 NAME James M. SMOAK, III	3.3 STREET ADDRESS 10622 Airport Terrace Dr.	3.4 CITY-ST-ZIP Jacksonville, FL 32207
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE Secretary/Treasurer	4.2 NAME James M. SMOAK, JR.	4.3 STREET ADDRESS 2348 MILLER OAKS DR N.	4.4 CITY-ST-ZIP Jacksonville, FL 32217
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	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)(l), 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* 3/11/96 904-737-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)