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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000084039 (4)

1. Corporation Name

THE SMOAK COMPANIES OF NORTH FLORIDA, INC.

Principal Place of Business

4533-4 SUNBEAM ROAD
JACKSONVILLE FL 32257
US

Mailing Address

P.O. BOX 57574
JACKSONVILLE FL 32241-7574
US



3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
03/20/1996

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 5121 BOWDEN RD

Suite, Apt. #, etc.

22 SUITE 304

City & State

23 JACKSONVILLE, FL

Zip

Country

24 32216

25

DUVAL

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

SMOAK, LINDA D
2348 MILLER OAKS DRIVE NORTH
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81

Name

JAMES M. SMOAK, JR.

82

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

5121 BOWDEN RD

83

SUITE 304

84

City

JACKSONVILLE

FL

85 Zip Code

32216

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, JR.

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

(NOTE: Registered Agent signature required when reinstating)

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
ST
SMOAK, LINDA D
STREET ADDRESS
2348 MILLER OAKS DRIVE NORTH
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME
VP
SMOAK, III JAMES M.
STREET ADDRESS
10622 AIRPORT TERRACE DRIVE
CITY- ST- ZIP
JACKSONVILLE FL

TITLE ☐ DELETE

NAME
P
SMOAK, JR. JAMES M.
STREET ADDRESS
2348 MILLER OAKS DRIVE N
CITY- ST- ZIP
JACKSONVILLE FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

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 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:

JAMES M. SMOAK, JR. 11-15-97 904-739-1049

Date

Daytime Phone

CR2E034 (9/96)