

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000084039 (4)
 1. Corporation Name
THE SMOAK COMPANIES OF NORTH FLORIDA, INC.



Principal Place of Business 5121 BOWDEN RD 304 JACKSONVILLE FL 32216 US	Mailing Address P.O. BOX 57574 JACKSONVILLE FL 32241 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1994

2. Principal Place of Business 21 1700 wells Rd Suite, Apt. #, etc. 7 City & State Orange Park F Zip 32073 Country clay	2a. Mailing Address 26 1700 wells Rd Suite, Apt. #, etc. 7 City & State Orange Park Fl Zip 32073 Country Clay
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SMOAK, JAMES M JR
5121 BOWDEN RD
SUITE 304
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name **James m. smoak jr**
 82 Street Address (P.O. Box Number is Not Acceptable) **1700-7 wells Rd**
 83
 84 City **Orange Park FL** 85 Zip Code **32073**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	ST	NAME	SMOAK, LINDA D
STREET ADDRESS	2348 MILLER OAKS DRIVE NORTH	CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP	NAME	SMOAK, III JAMES M.
STREET ADDRESS	10622 AIRPORT TERRACE DRIVE	CITY-ST-ZIP	JACKSONVILLE FL
TITLE	P	NAME	SMOAK, JR. JAMES M.
STREET ADDRESS	2348 MILLER OAKS DRIVE N	CITY-ST-ZIP	JACKSONVILLE FL
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.1 TITLE		1.2 NAME	
1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		6.2 NAME	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I 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: _____ **4/28/98 904-298-1585**

CR2E034 (10/97)