

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90214 007 \*\*\*\*\*8.75

04-27-1999 90214 008 \*\*\*150.00

DOCUMENT # P94000084039

1. Corporation Name

THE SMOAK COMPANIES OF NORTH FLORIDA, INC.

Principal Place of Business

1700 WELLS RD  
7  
ORANGE PK FL 32073  
US

Mailing Address

1700 WELLS RD  
STE 7  
ORANGE PK FL 32023  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1994

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 the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 2177 Kingsley Ave.

Suite, Apt. #, etc.

22 #27

City & State

23 ORANGE PARK, FL

Zip

24 32073

Country

25 USA

2a. Mailing Address

26 2177 Kingsley Ave.

Suite, Apt. #, etc.

27 #27

City & State

28 ORANGE PARK, FL

Zip

29 32073

Country

30 USA

9. Name and Address of Current Registered Agent

SMOAK, JAMES M JR  
1700-7 WELLS RD  
ORANGE PK FL 32073

10. Name and Address of New Registered Agent

81 Name

JAMES M. SMOAK JR.

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

2177 KINGSLEY AVE. #27

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE

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

TITLE P ☐ DELETE

NAME 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

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 LINDA D. SMOAK  
1.3 STREET ADDRESS 956 SANDSTONE DR.  
1.4 CITY-ST-ZIP ORANGE PARK, FL 32065

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME JAMES M. SMOAK  
2.3 STREET ADDRESS 956 SANDSTONE DR.  
2.4 CITY-ST-ZIP ORANGE PARK, FL 32065

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 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, with all other like empowered.

SIGNATURE:

JAMES M. SMOAK, JR.

DATE

4/22/99 904-276-4780

Daytime Phone #

CR2E034 (11/98)