

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

FILED

May 14 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 # P94000084777 (9)

1. Corporation Name
SMITH HOLDING AND INVESTMENT, INC.



Principal Place of Business
410 TAFT-VINELAND ROAD
ORLANDO FL 32824

Mailing Address
410 TAFT-VINELAND ROAD
ORLANDO FL 32824-8117

3. Date Incorporated or Qualified 11/21/1994	3a. Date of Last Report 06/07/1996
4. FET Number 59-3279907	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
WILMOT, CHRISTOPHER R.
410 TAFT-VINELAND ROAD
ORLANDO FL 32824

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 FL	Zip Code
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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		DELETED
TITLE	PTD	<input type="checkbox"/>
NAME	WILMOT, CHRISTOPHER	
STREET ADDRESS	1810 UNIVERSITY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/>
NAME	MCNEAL, HOWARD L. J	
STREET ADDRESS	796 SILVERWOOD DRIVE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input type="checkbox"/>
NAME	JORDAN, R.E. II	
STREET ADDRESS	4 FOXTAIL COURT	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/>
NAME	LIGHT, L.L.	
STREET ADDRESS	1528 HIGH MEADOW LANE	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/>
NAME	SHERWOOD, R.C.	
STREET ADDRESS	18 GUNPOWDER ROAD	
CITY-ST-ZIP	MECHANICSBURG PA	
TITLE	D	<input type="checkbox"/>
NAME	LUND, N.D.	
STREET ADDRESS	887 HILLTOP ROAD	
CITY-ST-ZIP	LEMOYNE PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 _____ DATE 4/29/97 (107) 900-9111

CR2E034 (9/96)