

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # P95000004044 (0)**

1. Corporation Name

**WILBUR O. SMITH JR., INC.**



Principal Place of Business

**2650 NE 52 ST  
LIGHTHOUSE POINT FL 33064-7052**

Mailing Address

**2650 NE 52 ST  
LIGHTHOUSE POINT FL 33064-7052**

3. Date Incorporated or Qualified

**01/13/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**21 227 NE 8TH Terrace**

**26 227 NE 8TH Terrace**

4. FEI Number

**65-0549635**

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

City & State

**23 Deerfield Beach FL**

City & State

**28 Deerfield Beach FL**

Zip

**24 33442**

Country

Zip

**29 33442**

Country

**30**

9. Name and Address of Current Registered Agent

**WILLIAMS, STEPHEN G  
2650 NE 52 ST  
LIGHTHOUSE POINT FL 33064-7052**

10. Name and Address of New Registered Agent

81 Name

**Smith W. Ibur O Jr.**

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

**227 NE 8TH Terrace**

83

84 City

**Deerfield Beach**

**FL**

85 Zip Code

**33442**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE

*William O. Smith Jr.*

Signature of New Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

|                 |                                       |                                 |
|-----------------|---------------------------------------|---------------------------------|
| TITLE           | <b>PSTD</b>                           | <input type="checkbox"/> DELETE |
| NAME            | <b>SMITH, WILBUR O JR.</b>            |                                 |
| STREET ADDRESS  | <b>2650 NE 52 ST</b>                  |                                 |
| CITY - ST - ZIP | <b>LIGHTHOUSE POINT FL 33064-7052</b> |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |
| TITLE           |                                       | <input type="checkbox"/> DELETE |
| NAME            |                                       |                                 |
| STREET ADDRESS  |                                       |                                 |
| CITY - ST - ZIP |                                       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                              |
|--------------------|------------------------------------------------------------------------------|
| 1. TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                              |
| 13 STREET ADDRESS  | <b>227 NE 8TH Terrace</b>                                                    |
| 14 CITY - ST - ZIP | <b>Deerfield Beach FL 33442</b>                                              |
| 2. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            |                                                                              |
| 23 STREET ADDRESS  |                                                                              |
| 24 CITY - ST - ZIP |                                                                              |
| 3. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                                                              |
| 33 STREET ADDRESS  |                                                                              |
| 34 CITY - ST - ZIP |                                                                              |
| 4. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                                                              |
| 43 STREET ADDRESS  |                                                                              |
| 44 CITY - ST - ZIP |                                                                              |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                                                              |
| 53 STREET ADDRESS  |                                                                              |
| 54 CITY - ST - ZIP |                                                                              |
| 6. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                                                              |
| 63 STREET ADDRESS  |                                                                              |
| 64 CITY - ST - ZIP |                                                                              |

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-11-96**

DATE

**954-574-9558**

DAYTIME PHONE

CR2E034 (12/95)