

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000024154 (3)**

1. Corporation Name
FLIGHTSMITH, INC.



Principal Place of Business: **1262 HARBOR POINT DR PT ORANGE FL 32127**
Mailing Address: **1262 HARBOR POINT DR PT ORANGE FL 32127**

3. Date Incorporated or Qualified: **03/24/1995**
3a. Date of Last Report

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

4. FET Number 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

9. Name and Address of Current Registered Agent
**SIMPSON, SCOTT E
595 W GRANADA BLVD, STE A
ORMOND BEACH FL**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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 of current registered agent or new registered agent (if applicable) (NOTE: If signed Agent's signature required when reinstating.) (DATE)

12. OFFICERS AND DIRECTORS		DELETED
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 NAME	Bruce M Smith		
13 STREET ADDRESS	1262 Harbor Pt. Dr.		
14 CITY-ST-ZIP	Port Orange FL 32127		
21 TITLE	VP operations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 NAME	Bradley M Smith		
23 STREET ADDRESS	1262 Harbor Pt. Dr.		
24 CITY-ST-ZIP	Port Orange FL 32127		
31 TITLE	Sec-Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	Florence A. Smith		
33 STREET ADDRESS	1262 Harbor Pt. Dr.		
34 CITY-ST-ZIP	Port Orange FL 32127		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME	500001883085		
63 STREET ADDRESS	-07/03/96--01028--017		
64 CITY-ST-ZIP	***225.00		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Bruce M Smith** *Bruce M Smith* **23 June 96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **906-261-7657**

CR2E034 (3/96)