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FILED  
Mar 13 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 # P95000027224 (1)

1. Corporation Name

SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

100 SOUTH ASHLEY DR.  
SUITE 350  
TAMPA FL 33602

Mailing Address

100 SOUTH ASHLEY DR.  
SUITE 350  
TAMPA FL 33602-5300



3. Date Incorporated or Qualified

04/03/1995

3a. Date of Last Report

03/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Five Concourse Parkway

Suite, Apt. #, etc.

27

Suite 2150

City & State

28

Atlanta, GA

Zip

29

30328

Country

30

USA

4. FEI Number

59-3304759

Applied For

Not Applicable

5. Certificate of Status Desired

KX

\$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

BENNING, MICHAEL F  
100 SOUTH ASHLEY DR.  
SUITE 350  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PD ☐ DELETE

NAME SMALLWOOD, PHILLIP L  
STREET ADDRESS 2525 PEACHTREE ROAD, UNIT 17  
CITY-ST-ZIP ATLANTA GA 30305

TITLE VD ☐ DELETE

NAME REYNOLDS, WILLIAM D  
STREET ADDRESS 3701 PRESTWICK DRIVE  
CITY-ST-ZIP TUCKER GA 30084

TITLE VSD ☐ DELETE

NAME STEWART, HOWARD H  
STREET ADDRESS 810 MARSEILLES DRIVE  
CITY-ST-ZIP ATLANTA GA 30327

TITLE VD ☐ DELETE

NAME BENNING, MICHAEL F  
STREET ADDRESS 2620 MORRISON AVE.  
CITY-ST-ZIP TAMPA FL 33629

TITLE VD ☒ DELETE

NAME HORTON, STEPHEN B  
STREET ADDRESS 3001 KEY HARBOR DRIVE  
CITY-ST-ZIP SAFETY HARBOR FL 34895

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip L. Smallwood

Date

03-04-97

Daytime Phone

(404)

233-5453

CR2E034 (9/96)