

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000087074 (7)

1. Corporation Name

SMR INVESTMENT CORP., INC.

FILED

97 MAY -1 PM 1:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

3501 CASTLEBAR CIRCLE
TALLAHASSEE FL 32308-3136

Mailing Address

3501 CASTLEBAR CIRCLE
TALLAHASSEE FL 32308-3136

3. Date Incorporated or Qualified

11/14/1995

3a. Date of Last Report

03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

ALLEN, RODNEY F JR.
3501 CASTLEBAR CIRCLE
TALLAHASSEE FL 32308-3136

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALLEN, RODNEY F JR.	
STREET ADDRESS	3501 CASTLEBAR CIRCLE	
CITY - ST - ZIP	TALLAHASSEE FL 32308-3136	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, RONALD W	
STREET ADDRESS	2311 CHESTER COURT	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CLEMONS, PAUL I JR.	
STREET ADDRESS	ROUTE 2, BOX 473	
CITY - ST - ZIP	HAVANA FL 32333	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, JOANN D	
STREET ADDRESS	POST OFFICE BOX 13883 N/A	
CITY - ST - ZIP	TALLAHASSEE FL 32317	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAWSON, LYNNE W	
STREET ADDRESS	876 ROSEBAY COURT	
CITY - ST - ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WALSH, G. HENRY	
STREET ADDRESS	1635 FOLKSTONE ROAD	
CITY - ST - ZIP	TALLAHASSEE FL 32312	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	917 BUENA VISTA DR.
3.4 CITY - ST - ZIP	TALLAHASSEE, FL 32304
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rodney F. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

904 298-5610

Daytime Phone *

0048387

CR2E034 (9/96)