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Feb 28 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 # P96000066142 (6)

1. Corporation Name

SMART PROFESSIONAL SERVICES, INC.

Principal Place of Business

1427 MINEO DRIVE
PUNTA GORDA FL 33950

Mailing Address

1427 MINEO DRIVE
PUNTA GORDA FL 33950-6682



3. Date Incorporated or Qualified

07/26/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 P O Box 511037

27 Suite, Apt. #, etc.

28 City & State

Punta Gorda, FL

29 Zip

33951-1037

30 Country

4. FEI Number

65-0688824

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

MCKINLEY, MICHAEL R
18401 MURDOCK CIRCLE
PORT CHARLOTTE FL 33948

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/97

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SCHULZ, ANN E
STREET ADDRESS POST OFFICE BOX 1037 1427 MINEO DR
CITY-ST-ZIP PUNTA GORDA FL 33951 Punta Gorda, FL 33950

TITLE D ☐ DELETE
NAME SCHULZ, MARTIN
STREET ADDRESS POST OFFICE BOX 1037 1427 MINEO DR
CITY-ST-ZIP PUNTA GORDA FL 33951 Punta Gorda, FL 33950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, S, D ☒ Change ☐ Addition
1.2 NAME 1427 MINEO DR
1.3 STREET ADDRESS P.O. Box 511037
1.4 CITY-ST-ZIP Punta Gorda, FL 33950-6682

2.1 TITLE P, T, D ☒ Change ☐ Addition
2.2 NAME 1427 MINEO DR
2.3 STREET ADDRESS P.O. Box 511037
2.4 CITY-ST-ZIP Punta Gorda, FL 33950-6682

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: Ann Schulz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97

Date

Daytime Phone #

CR2E034 (9/96)