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(165.00)

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Apr 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000075374 (4)

1. Corporation Name

~~EDGAR W. SMITH II, P.A.~~

LOBB & SMITH, P.A. N.C. 1-04-97

Principal Place of Business

5405 DIPLOMAT CIRCLE, SUITE 223
ORLANDO FL 32810

Mailing Address

5405 DIPLOMAT CIRCLE, SUITE 223
ORLANDO FL 32810-5614



3. Date Incorporated or Qualified

09/09/1996

3a. Date of Last Report

4. FEI Number

59-3402593

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

SMITH, EDGAR W II
5405 DIPLOMAT CIRCLE, SUITE 223
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name SMITH, EDGAR W. II
82 Street Address (P.O. Box Number is Not Acceptable)
1221 LEE RD. BUILDING STE 212
83
84 City ORLANDO FL 85 Zip Code 32810

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	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EDGAR W II	
STREET ADDRESS	5405 DIPLOMAT CIRCLE, SUITE 223	
CITY-ST-ZIP	ORLANDO FL 32810	
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

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, EDGAR	
1.3 STREET ADDRESS	1221 LEE RD. BUILDING STE 212	
1.4 CITY-ST-ZIP	ORLANDO FL 32810	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD W. LOBB	
2.3 STREET ADDRESS	1221 LEE RD. BUILDING STE 212	
2.4 CITY-ST-ZIP	ORLANDO FL 32810	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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

Richard W. Lobb REQUIRED

2-18-97

407-290-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)