FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:18

DOCUMENT # **S40337** **(5)**

1. Corporation Name
SMS OF SARASOTA, INC.

Principal Place of Business	Mailing Address
8045 VIA FIORE SARASOTA FL 34238	8045 VIA FIORE SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1991
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) Country (25) / Zip (29) Country (30)

8. This corporation has liability for intangible tax under § 199.042, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOTO, FREDERICK E.
8045 VILLA FIORE
SARASOTA FL 34238

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 new registered agent, if being changed) (Name of new Registered Agent, typed or printed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SHUMERLO, RAY	1.2 NAME	
STREET ADDRESS	7825 ESTANCIA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SOTO, FREDERICK	2.2 NAME	
STREET ADDRESS	8045 VIA FIORE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, DAN J.	3.2 NAME	
STREET ADDRESS	6154 MIDNIGHT PASS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ 1/10/95 813 922-3259
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR AGENT — DATE — Daytime Phone Number

0343469 CP