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

APPROVED AND FILED
95 MAY -1 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S71135 (5)

1. Corporation Name
SMITTY SMITH & ASSOCIATES, INC.

Principal Place of Business
4350 WEST WATERS AVENUE
SUITE 203
TAMPA FL 33614

Mailing Address
4350 WEST WATERS AVENUE
SUITE 203
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 3802 Ehrlich Road	26 3802 Ehrlich Road
Suite, Apt. #, etc 22 Suite 210	Suite, Apt. #, etc 27 Suite 210
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip 24 33624 / Country 25 Hillsborough	Zip 29 33624 / Country 30 Hillsborough

3. Date Incorporated or Qualified: 08/01/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3045516 ☐ 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, SMITTY
4350 W. WATERS AVENUE
SUITE 203
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name: Smith, Smitty
82 Street Address (P.O. Box Number is Not Acceptable): 13145 Spring Hill Drive
83 Suite H
84 City: Spring Hill FL 85 Zip Code: 34609

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	P	11 TITLE	☒ Change ☐ Addition
NAME	SMITH, SMITTY	12 NAME	
STREET ADDRESS	4350 W WATERS AVE #203	13 STREET ADDRESS	3802 Ehrlich Road, Suite 210
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, FL 33624
TITLE		21 TITLE	S ☐ Change ☒ Addition
NAME		22 NAME	Ewers, Susan
STREET ADDRESS		23 STREET ADDRESS	13145 Spring Hill Drive, Suite H
CITY-ST-ZIP		24 CITY-ST-ZIP	Spring Hill, FL 34609
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: ______ 4/28/95 8139690044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0297309 CP