FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S99528** **(9)**

1. Corporate Name
SMITH SERVICES TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
ROUTE 290-1 BLUEFIELD WV 24701	ROUTE 290-1 BLUEFIELD WV 24701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1991**
3a. Date of Last Report: **04/26/1994**

2. Principal Place of Business
21 **555 N Ellis Rd**
22 State Apt # etc:
23 City & State: **Jacksonville**
24 Zip: **32254** 25 County: **Duval**

2a. Mailing Address
26
27 State Apt # etc:
28 City & State:
29 Zip: 30 County:

4. FEI Number: **59-3099070** ☐ 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

F & L CORP
200 LAURA STREET
THE GREENLEAF BLDG
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

91 Name: **Thomas L. Nettles**
92 Street Address (P.O. Box Number is Not Acceptable): **8940 Barco Lane**
93
94 City: **Jacksonville** **FL** 95 Zip Code: **32222**

11. Pursuant to the provisions of Section 607.0501, and 607.1008, 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. The above named party authorized by the corporation's board of directors, hereby executes the appointment as registered agent and agrees to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Thomas L Nettles* Thomas L. Nettles 4-26-95
(Typed or printed name of person signing) (Date)

12. OFFICERS AND/OR DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS
D SMITH, ELZY T ROUTE 290-1 BLUEFIELD WV	☐ Change ☐ Addition
D REED, THEODORE W ROUTE 290-1 BLUEFIELD WV	☒ Change ☐ Addition Vice President Thomas L Nettles 555 N Ellis Rd Jacksonville, FL 32254
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. To the best of my knowledge, all the information supplied with this blank is accurately furnished and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: *E T Smith* E T Smith 4/19/95 (304)325-2446
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Date) (Area Code and Daytime Telephone Number)

0486109 FN