

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V64960** (0)

1. Corporation Name
C D SMITH, INC.



Principal Place of Business: **PO BOX 1792 CRYSTAL RIVER FL 34423**
Mailing Address: **PO BOX 1792 CRYSTAL RIVER FL 34423**

3. Date Incorporated or Qualified: **09/18/1992**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3143555**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21 Suite, Apt. #, etc.
22 City & State
23 City & State
24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, JACQUELINE L
1680 S E 2ND COURT
CRYSTAL RIVER FL 34423**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES D	1.2 NAME	
STREET ADDRESS	1680 SE 2ND CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	1.4 CITY-ST-ZIP	
TITLE	TSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JACQUELINE	2.2 NAME	
STREET ADDRESS	1680 SE 2ND CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423	2.4 CITY-ST-ZIP	
TITLE	VO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, ELMER	3.2 NAME	
STREET ADDRESS	PO BOX 328 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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:

Jacqueline L Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96
DATE

352-795-6405
Daytime Phone #

CR2E034 (12/95)