

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED Apr 23, 1998 8:00 am Secretary of State

DOCUMENT # 173884 (8) 1. Corporation Name SMITH-LESHER INSURANCE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 671 GOODLETTE ROAD N. #130 NAPLES FL 34106 US Mailing Address P. O. DRAWER 1587 NAPLES FL 34106 US

3. Date Incorporated or Qualified 07/01/1953

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-0701685 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip 34102 Country 28 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RALEY, JAMES M. J 671 GOODLETTE RD., N. SUITE 130 NAPLES FL 33940

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34102

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include: P/D HORNBECK, JR., HUNTLEY A; V LOUX, LINDA B; V BENZA, STEPHEN J; CDT RALEY, JAMES M., JR.; VDS BRITTON, WILLIAM R., JR.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-4 for each officer/director.

14. I 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: [Signature] 4/17/98 941-262-8701(102) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0443126

CR2E034 (10/97)