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

**FILED** PROFIT FLORIDA DEPARTMENT OF STATE Jan 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 312407 (0)SMITH'S RANCH & GARDEN, INC. Principal Place of Business Mailing Address 117 W. MAGNOLIA STREET 117 W. MAGNOLIA STREET P.O. BOX 231 ARCADIA FL 34266 ARCADIA FL 34266 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 12/29/1966 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 26 21 59-1170928 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH,D C 117 WEST MAGNOLIA ST Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 33821 83 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 reinstating 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change Addition Smith DC 2692 NE Highway 10 #115 NAME SMITH,D C 1.2 NAME R2E034 STREET ADDRESS 1238 HANSEL RD 1.3 STREET ADDRESS Arcadia, FL 34266 ARCADIA FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME SMITH CINDY, L. 2.2 NAME STREET ADDRESS 1238 HANSEL RD 2.3 STREET ADDRESS ARCADIA FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition Smith, D.C. Jr. 1238 Hansel RL NAME SMITH, D. C. J 3.2 NAME STREET ADDRESS 1238 HANSEL RD 3.3 STREET ADDRESS Arcadia, FL 34266 CITY-ST-ZIP ARCADIA FL 3.4. CITY-ST-ZIP DELETE 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 DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITI F DELETE 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 hereby certify that the information supplied with this filling 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:

1-6-98

941-494-2142