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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90104 005 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F98000005495**

1. Corporation Name
C.D. SMITH CONSTRUCTION, INC.

Principal Place of Business
**889 E. JOHNSON STREET
 FOND DU LAC WI 54935**

Mailing Address
**889 E. JOHNSON STREET
 FOND DU LAC WI 54935**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

10/01/1998

4. FEI Number

39-0759260

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** DELETE
 NAME **SMITH, GARY M**
 STREET ADDRESS **25 BARRINGTON CT.**
 CITY-ST-ZIP **FOND DU LAC WI**

TITLE **VD** DELETE
 NAME **BAKER, TOM J**
 STREET ADDRESS **757 MEADOWBROOK CT.**
 CITY-ST-ZIP **FOND DU LAC WI**

TITLE **S** DELETE
 NAME **GILLES, WALTER J**
 STREET ADDRESS **1038 DANBURY AVE**
 CITY-ST-ZIP **FOND DU LAC WI**

TITLE **TD** DELETE
 NAME **BAKER, ROBERT D**
 STREET ADDRESS **764 MARY LEE DRIVE**
 CITY-ST-ZIP **FOND DU LAC WI**

TITLE **D** DELETE
 NAME **FORTUNE, MIKE**
 STREET ADDRESS **101 CAMELOT DRIVE**
 CITY-ST-ZIP **FOND DU LAC WI**

TITLE **D** DELETE
 NAME **SMITH, MARY L**
 STREET ADDRESS **38 COUNTRY CLUB COURT**
 CITY-ST-ZIP **FOND DU LAC WI**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME **S PATRICK SMITH**
 3.3 STREET ADDRESS **923 COUNTRY CLUB LANE**
 3.4 CITY-ST-ZIP **FOND DU LAC WI 54935**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: Robert D. Baker Robert D. Baker, Treasurer 1-13-99 (920)924-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)