PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name

DOCUMENT # G94383



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90001 019 ***150.00

WHARTO	N-SMITH, INC.											
D-iiI-Di	of Decisions	Mailing Address							HOO HILLONDI I	HOLD GLOUI BLAND D		
Principal Place of Business Mailing Address 750 COUNTY RD 15 750 COUNTY RD 15 BOX 471028 BOX 471028 LAKE MONROE FL 32747-8028 LAKE MONROE FL 32747-8028				ı			DO NOT WRITE IN THIS SPACE					
Sine monitor is serious.						Ī	3. Date incorpor		-	are	•	
							04/02/198	<u>4</u>				
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Number	_		⊢	plied For	
21		26	26				59-239280)2			t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of	Status Desired	• 🖪	\$8.75 A			
City & State City & State							6. Election Cam	naign Financing		\$5.00	May Be	
23		28				Trust Fund C	ontribution		Added 1			
Zip	Country	Zip	Coun	itry			8. This corporat	ion owes the cur	rent year in			
24	25	29	30				Personal Pro			Yes	□No	
	9. Name and Address of Current	Registered Agent		81			10. Name and A	ddress of New	Registered	Agent		
					Name		•					
SMITH, GEORGE E. 750 COUNTY RD 15				82	Street A	Addres	s (P.O. Box Numb	er is Not Accept	able)			
LAKE MONROE FL 32747				83							_	
				84	City					85 Zip (Code	
									<u>FL</u>			
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.									gistered			
SIGNATURE	Signature, typed or printed name of registered agent	and title if analicable (NOTE:	Registered A	Agen	it signature re	equired w	nen reinstating)		DATÉ			
12.	OFFICERS AND		13.					HANGES TO O	FICERS A	ND DIRECTO	DRS IN 12	
TITLE			1.1 TITL	11TITI F		V				☐ Change	Addition	
NAME	SMITH, GEORGE E.		1.2 NAN	ИE		M	1 CKENDRY, MICHAEL T.				-	
STREET ADDRESS			1.3 STR	1.3 STREET ADDRESS		17	1778 HOLLAND CT					
CITY-ST-ZIP	LONGWOOD FL		1.4 CIT			NEWOOD		779				
TITLE	D	☐ DELETE			, _,					Change	Addition	
NAME			2.2 NAA	2.2 NAME								
STREET ADDRESS				2.3 STREET ADDRESS								
CITY-ST-ZIP	ALTAMONTE SPGS. FL		2.4 CITY						• • •	, .	ĺ	
TITLE	V	☐ DELETE	3.1 TITLE				·-			☐ Change	Addition	
NAME	= =======		3.2 NAN	ИE								
STREET ADDRESS	125 MEADOW BLVD				ADDRESS	ľ						
CITY-ST-ZIP	SANFORD FL		3.4. CIT									
TITLE	S	☐ DELETE	,4.1 TITLE				-	• • • • • • • • • • • • • • • • • • • •		Change	☐ Addition	
NAME	ROBINSON, WILLIAM C JR		4. 2 NAME		.						Ì	
STREET ADDRESS	307 FOX VALLEY DR		4.3 STR	REET	ADDRESS							
CITY-ST-ZIP	LONGWOOD FL 32779		4.4 CIT	Y-\$1	T-ZIP							
TITLÉ	V	☐ DELETE	5.1 TITL							☐ Change	☐ Addition	
NAME	DAVOLI, RONALD F.		5.2 NAA								,	
STREET ADDRESS	1644 EAGLE NEST CIRCLE		5.3 STR	REET	ADDRESS						j	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		5.4 CITY-ST-ZIP									
TITLE	V	☐ DELETE	6.1 TITU		1					Change	Addition	
NAME	FLANAGAN, RAYMOND W.		6.2 NAA	ΝE	1							
STDEET ADODESS	2202 WHITI OCK DI ACE		6.3 STF	REET	ADDRESS	1					1	

DOVER FL 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.

6.4 CITY-ST-ZIP

SIGNATURE:

4/15/99 (407) 321-8410