Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90054 040 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000041369

1. Corporation Name

	SMITH ELECTRIC, INC.	Mailing Address							
•	ce of Business	Mailing Address							
3001 COTTAGEVILLE ST 3001 COTTAGEVILLE ST DELTONA FL 32738 DELTONA FL 32738								_	
					ļ		E IN THIS SPAC	<u>Έ</u>	
						3. Date Incorporated or Qualifed 05/3 1/1994			
2. Principal F	Place of Business	2a. Mailing Address			'	FEI Number			lied For
21		26		_		<u>59-3247985</u>			Applicable dditional
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			:	5. Certifcate of Status Desired	.AK '	ee Red	
City & Sta	ata .	City & State		_		Election Campaign Financing		5.00 h	·
	ne -	28			'	Trust Fund Contribution		dded to	
23 { Zip	Country	Zip	Cour	itry		3. This corporation owes the curre	nt vear Intangibl	e	
24	25	29	30	•		Personal Property Tax.	ĺ Y€		⊒No
	9. Name and Address of Curre). Name and Address of New R	egistered Agent		
	-			81 Name	1				
	TH, JERRY		}	82 Street	Address	(P.O. Box Number is Not Accepta	ole)		
	1 COTTAGEVILLE ST					,			
DEL	TONA FL 32738		Ī	83					
			}	84 City			85	Zip C	ode
	t to the provisions of Sections 607.05			1			FL∤	i .	
SIGNATUFE	Signature, typed or printed nome of registered ag			Agent signature	req ared whe	n reinstating) ADDITH NS/CHANGES TO OFF	DATE ICERS AND DIF	RECTO	
TITLE	P	☐ DELETE	1.1 TIT	.E				hange	☐ Addition
NAME	SMITH, JERRY		1.2 NA	ΛE.					
STREET ADDRESS	DOOL COTTACE BULE OF		1.3 STE	REET ADDRESS	3				
CITY-\$T-ZIP	DELTONA FL 32738		14 CIT	Y-ST-ZIP					
TITLE		☐ DELETE	2.1 TIT	 .E			□c	hange	Addition
NAME			2 2 NA	ME					
STREET ADDRÉ SS	8		2 3 ST	REET ADDRESS	;				
CITY-ST-ZIP			2. 4 CF	Y-ST-ZIP	}				
TITLE		☐ DELETE	3.1 TIT	Æ			□ c	hange	Addition
NAME			3.2 NA	ME					
STREET ADDRESS	S		33 ST	REET ADDRESS	3				
CITY-ST-ZIP			34 CI	Y-\$T-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 TIT	LΕ				hange	Addition
NAME			4. 2 NA	ME					
STREET ADDRESS	s		4.3 STI	REET ADDRESS	3				
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	ļ		- 		
TITLE		☐ DEFELE	5.1 TIT					hange	Addition
NAME			5 2 NA		İ				
STREET ADDRESS	s			REET ADDRESS	6				
CITY-ST-ZIP				Y-ST-ZIP	 			hanc-	[T] Addition
TITLE		☐ DELETE	6.1 THT					hange	Addition
NAME			6.2 NA		.				
STREET ADDRESS	s		6.3 ST	REET ADDRESS	5				

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 exporation or the repetiter 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 alignorm with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

JERAY W. SMITH