

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

**FILED**

**Apr 22 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 134206 (2)**

**1. Corporation Name  
SMYTH LUMBER COMPANY**



**Principal Place of Business  
C/O DONALD J SMYTH  
6363 EDGEWATER DR. P.O. 7000  
ORLANDO FL 32810-4719**

**Mailing Address  
C/O DONALD J SMYTH  
6363 EDGEWATER DR. P.O. 7000  
ORLANDO FL 32810-4719**

**3. Date Incorporated or Qualified** 04/06/1937  
**3a. Date of Last Report** 01/25/1996  
**4. FEI Number** 59-0453615  
**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 has liability for intangible tax under s. 199.032, Florida Statutes**  Yes  No

**2. Principal Place of Business** **2a. Mailing Address**  
**21** Suite, Apt. #, etc. **26** P.O. Box 607399  
**22** City & State **27** City & State  
**23** Zip Country **28** Zip Country  
**24** **25** **29** 32860 **30**

**9. Name and Address of Current Registered Agent**  
**SMYTH, DONALD J**  
**6363 EDGEWATER DR**  
**ORLANDO FL 32810**

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **85** Zip Code **FL**

**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:** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMYTH JR, DONALD J	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMYTH, JAMES R	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMYTH, KENNETH M	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY - ST - ZIP	ORLANDO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMYTH, MICHAEL D.	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMYTH, DONALD J. SR.	
STREET ADDRESS	6363 EDGEWATER DR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**14. I do 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:** *Donald J. Smyth* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)