

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Apr 23, 1998 8:00 am
Secretary of State

DOCUMENT # 173884 (8)
1. Corporation Name
SMITH-LESHER INSURANCE, INC.

Principal Place of Business
671 GOODLETTE ROAD N.
#130
NAPLES FL 34106
US

Mailing Address
P. O. DRAWER 1587
NAPLES FL 34106
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/01/1953
4. FEI Number
59-0701685
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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 34102
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
RALEY, JAMES M. J
671 GOODLETTE RD., N.
SUITE 130
NAPLES FL 33940

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 34102

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 P/D
NAME HORNBECK, JR., HUNTLEY A
STREET ADDRESS 671 GOODLETTE RD., N., SUITE 130
CITY-ST-ZIP NAPLES FL
TITLE V
NAME LOUX, LINDA B
STREET ADDRESS 671 GOODLETTE RD., N., SUITE 130
CITY-ST-ZIP NAPLES FL
TITLE V
NAME BENZA, STEPHEN J
STREET ADDRESS 671 GOODLETTE RD., N., SUITE 130
CITY-ST-ZIP NAPLES FL
TITLE CDT
NAME RALEY, JAMES M., JR.
STREET ADDRESS 671 GOODLETTE ROAD N., SUITE 130
CITY-ST-ZIP NAPLES FL
TITLE VDS
NAME BRITTON, WILLIAM R., JR.
STREET ADDRESS 6745 N. BALTUSROL LANE
CITY-ST-ZIP CHARLOTTE NC
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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.

SIGNATURE: _____ 4/17/98 941-262-8701(102)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0443126

CR2E034 (10/97)