


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

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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 219750 (7)
1. Corporation Name
W.A. SMITH, INC

Principal Place of Business 5682 SW SMITH AVENUE P O BOX 123 NOCATEE FL 33864 US 34268	Mailing Address P O BOX 123 P.O. BOX 123 NOCATEE FL 33864 US 34268
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 34268 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 34268 Country		3. Date Incorporated or Qualified 01/30/1959	
24		29		4. FEI Number 59-0795977	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SMITH, M. JANYCE 5682 SMITH AVE. NOCATEE FL 33864		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	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Allen Smith
NAME	SMITH JERI LYNN	1.2 NAME	Allen Smith
STREET ADDRESS	8680 NORTH GLEN APT. 251	1.3 STREET ADDRESS	43334 32nd St. West
CITY-ST-ZIP	FRESNO, CA 93711	1.4 CITY-ST-ZIP	Lancaster CA 93536
TITLE	DST	2.1 TITLE	
NAME	SMITH, M JANYCE	2.2 NAME	
STREET ADDRESS	5682 SMITH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	
NAME	SMITH, LESSIE S	3.2 NAME	
STREET ADDRESS	5682 SMITH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SMITH, RODNEY A.	4.2 NAME	
STREET ADDRESS	6033 TULIP CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUARTZ HILL, CA 93536	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Smith Robyn
NAME	SMITH, ROBIN L	5.2 NAME	Robyn Smith
STREET ADDRESS	12245 CHANDLERS #103	5.3 STREET ADDRESS	6449 Keystone St.
CITY-ST-ZIP	NORTH HOLLYWOOD, CA 91607	5.4 CITY-ST-ZIP	Simi Valley CA 93003
TITLE	DV	6.1 TITLE	
NAME	SMITH, ZONA	6.2 NAME	
STREET ADDRESS	5750 SMITH AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NOCATEE, FL	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: *M. Janyce Smith* 3/30/98 994 999/1458

CR2E034 (10/97)