

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90014 027 ***150.00

DOCUMENT # 219750

1. Corporation Name
W.A. SMITH, INC

Principal Place of Business
5682 SW SMITH AVENUE
P O BOX 123
NOCATEE FL 34268
US

Mailing Address
P O BOX 123
P.O.BOX 123
NOCATEE FL 34268
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1959

4. FEI Number
59-0795977

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMITH JERI LYNN
STREET ADDRESS 8680 NORTH GLEN APT. 251
CITY-ST-ZIP FRESNO, CA 93711

TITLE DST ☐ DELETE
NAME SMITH, M JANYCE
STREET ADDRESS 5682 SMITH AVE.
CITY-ST-ZIP NOCATEE FL

TITLE PD ☐ DELETE
NAME SMITH, LESSIE S
STREET ADDRESS 5682 SMITH AVE.
CITY-ST-ZIP NOCATEE FL

TITLE D ☐ DELETE
NAME SMITH, RODNEY A.
STREET ADDRESS 6033 TULIP CIRCLE
CITY-ST-ZIP QUARTZ HILL, CA 93536

TITLE D ☐ DELETE
NAME SMITH, ROBIN
STREET ADDRESS 6449 KEYSTONE ST
CITY-ST-ZIP SIM VALLEY CA 93063

TITLE DV ☐ DELETE
NAME SMITH, ZONA
STREET ADDRESS 5750 SMITH AVE.
CITY-ST-ZIP NOCATEE, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Allen C. Smith
1.3 STREET ADDRESS 4333 4 32nd St. West
1.4 CITY-ST-ZIP Lancaster CA 93536

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

M. Janyce Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-99

Date

941 494 1458

Daytime Phone #

CR2E034 (11/98)