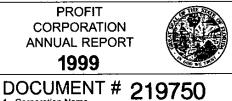
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name W.A. SMITH, INC

21



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

85

Zip Code

Principal Place	of Business	Mailing Address				
5682 SW SMITH AVENUE P O BOX 123 NOCATEE FL 34268		P O BOX 123 P.O.BOX 123 NOCATEE FL 34268		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
US		US		01/30/1959		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		Applied For	
21		26	26		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-0795977   Not Applicable  5. Certificate of Status Desired	
City & State		City & State	<b>⊢</b> ′		\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip C	ountry	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No	
	9. Name and Address of C		10. Name and Address of New Registered Agent			
SMITH, M. JANYCE 5682 SMITH AVE. NOCATEE FL 33864			81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptable)		
MUUATEE FE 30004			1001		· ·	

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.

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City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ DELETE Addition A 1.1 TITLE Mien TITLE SMITH JERI LYNN 12 NAME NAME CA 93536 8680 NORTH GLEN APT. 251 1.3 STREET ADDRESS STREET ADDRESS FRESNO, CA 93711 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DST ☐ DELETE 2.1 TITLE TITLE SMITH, M JANYCE 22 NAME NAME 5682 SMITH AVE. 2.3 STREET ADDRESS STREET ADDRESS NOCATEE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE SMITH.LESSIE S 3.2 NAME NAME 5682 SMITH AVE. 3.3 STREET ADDRESS STREET ADDRESS **NOCATEE FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 4.1 TITLE TITLE SMITH, RODNEY A. 4.2 NAME NAME 6033 TULIP CIRCLE STREET ADDRESS 4.3 STREET ADDRESS QUARTZ HILL, CA 93536 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 5.1 TITLE 5.2 NAME NAME SMITH, ROBIN 5.3 STREET ADDRESS 6449 KEYSTONE ST STREET ADDRESS SIM VALLEY CA 93063 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME SMITH, ZONA NAME 6.3 STREET ADDRESS 5750 SMITH AVE. STREET ADDRESS 6.4 CITY-ST-ZIP NOCATEE, FL 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.

CR2E034 (14/98)