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Jan 15 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 # 226326 (7)

1. Corporation Name
MILO SMITH, INC.

Principal Place of Business

1701 S. ALEXANDER STREET
SUITE #104
PLANT CITY, FL 33567
US

Mailing Address

1701 S. ALEXANDER STREET
SUITE #104
PLANT CITY, FL 33567-5765



2. Principal Place of Business

21 416 Royal Palm Way
Suite, Apt. #, etc.

22

23 City & State
Tampa, FL

24 Zip
33609

25 Country
USA

2a. Mailing Address

26 416 Royal Palm Way
Suite, Apt. #, etc.

27

28 City & State
Tampa, FL

29 Zip
33609

30 Country
USA

3. Date Incorporated or Qualified

07/27/1959

3a. Date of Last Report

08/12/1996

4. FEI Number

59-0878412

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, MARY
2709 ROCKY POINT ROAD, STE 202
2709 ROCKY POINT ROAD
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name

Mary Smith Conover

82 Street Address (P.O. Box Number is Not Acceptable)

83

416 Royal Palm Way

84 City

Tampa

FL

85 Zip Code

33609

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
NAME SMITH, MILO H
STREET ADDRESS 2709 ROCKY POINT DR #202
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE D
NAME MOOSER, MELISSA S. SMITH
STREET ADDRESS 4526 ROSEMERE ROAD
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE PDC
NAME CONOVER, MARY SMITH
STREET ADDRESS 416 ROYAL PALM WAY
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Mary Smith Conover
1.3 STREET ADDRESS 416 Royal Palm Way
1.4 CITY-ST-ZIP Tampa, FL 33609 ☒ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: Mary Smith Conover 1-10-97 286-1258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)