

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

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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**

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

2. Principal Place of Business 2a. Mailing Address

21 **416 Royal Palm Way** 26 **416 Royal Palm Way**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Tampa, FL** 27 **Tampa, FL**
City & State City & State

23 **33609** 25 **USA** 29 **33609** 30 **USA**
Zip Country Zip Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, MILO H	
STREET ADDRESS	2709 ROCKY POINT DR #202	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOOSER, MELISSA S. SMITH	
STREET ADDRESS	4526 ROSEMERE ROAD	
CITY-ST-ZIP	TAMPA FL	
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	CONOVER, MARY SMITH	
STREET ADDRESS	416 ROYAL PALM WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary Smith Conover	
1.3 STREET ADDRESS	416 Royal Palm way	
1.4 CITY-ST-ZIP	Tampa, FL 33609	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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* **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)