

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN -4 AM 8:31

DOCUMENT # 367199 (7)

1. Corporation Name

SMITH FRAMING, INC.

Principal Place of Business

1606 AVOCA DRIVE
TARPON SPRINGS FL 34689

Mailing Address

1606 AVOCA DRIVE
TARPON SPRINGS FL 34689

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/20/1970

3a. Date of Last Report

03/29/1994

4. FEI Number

59-1299827

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

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, DAN
1606 AVOCA DRIVE
TARPON SPRINGS FL 33589

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SMITH, DAN

STREET ADDRESS

1606 AVOCA DRIVE

CITY - ST - ZIP

TARPON SPRINGS, FL .

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE

D

NAME

SMITH, NORMA

STREET ADDRESS

1606 AVOCA DRIVE

CITY - ST - ZIP

TARPON SPRINGS, FL .

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE

T

NAME

SMITH, NORMA

STREET ADDRESS

1606 AVOCA DRIVE

CITY - ST - ZIP

TARPON SPRINGS FL

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAN SMITH

6-5-95

813-934059