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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 410560

(7)

## FILED Mar 25 1997 8:00am Secretary of State

| 1. Corporation Names SMITH'S WESTERN STORE, INC  Funcipal Place of Fusicess Mailing Address 717 WEST MAIN STREET 717 WEST MAIN STREET LEESBURG FL 34748 LEESBURG FL 34748-5128   |  |  |   |   |  |                    |                         |                            |
|--|--|--|---|---|--|--------------------|-------------------------|----------------------------|
|  |  | ·  |   |   | 3. Date Incorporated or Qualified 11/01/1972   |                    | of Last R               | əport                      |
|  | Place of Business  | 2a. Marling Address                        |   |   | 4. FEI Number 59-1421442   |                    |                         | plied For<br>t Applicable  |
| Suite Ap   | t # etc.   | Suite, Apt. #, etc.                        |   |   | Certificate of Status Desired  |                    | \$8.75                  |                            |
| 22   |  | 27   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   |  |                    | Fee Re                  | <del></del>                |
| Oity & Sta   | ane.   | City & State                               |   |   | 6. Election Campaign Financing Trust Fund Contribution                               | П                  | \$5.00<br>Added t       |                            |
| Zip  | Country  | Zip  | Countr  | У   | 8. This corporation has liability for  | intangible ta      | ax under s.             |                            |
| 24   | 25   | 29   | [30]  |   | Fłorida Statutes   | ZYes □             | No                      | s.u.e                      |
| LIII   | <ol><li>Name and Address of Currel<br/>INTINGTON, LINDA G.</li></ol> | it Registered Agent                        | 81  | Name  | 10. Name and Address of New Re   | gisterea A         | jent                    |                            |
| 509 SCENIC STREET<br>LEESBURG FL 32748   |  |  |   | 82 Street Address (P.O. Box Number is Not Acceptable) 83  |  |                    |                         |                            |
|  |  |  | 84  | City  |  | FL                 | <b>85</b> Ζιρ (         | Code                       |
| 11. Pursum<br>office or<br>agent 1<br>SIGNATURE  |  |  |   |   | oration submits this statement for the pion's board of directors. I hereby acception |                    | hanging it<br>ntment as | s registered<br>registered |
| 12.  | OFFICERS AN  | En and the diapple and (Ni<br>ID DIRECTORS | T 13.   | ent signature requir  | red when reinstating) ADDITIONS/CHANGES TO OFFIC                                     | DATE<br>CERS AND ( | DIRECTOR                | S IN 12                    |
| TIPLE  | PST  | DELETE                                     | 1.1 TITLE   |   | ······································   |                    | Change                  | Addilion                   |
| NAME   | HUNTINGTON, LINDA G.   |  | 1.2 NAME  |   |  |                    |                         |                            |
| STREET ADDRESS   |  |  | 135IREE   | TADDDCCC  |  |                    |                         |                            |
|  |  |  |   | 1   |  |                    |                         |                            |
| CHY-SI-Z-r   | LEESBURG FL  | net ete                                    | 14 CHY-   | 1   |  |                    | Change                  | T Addition                 |
| CHY-ST-Z-P<br>TITLE<br>NAME  | ν  | DELFTE                                     | 1.4 CITY-<br>2.1 TITLE<br>2.2 NAME  | 1   |  |                    | ☐ Change                | Addition                   |
| Ji][ŧ  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET                        | DELETE                                     | 2 1 TITLE<br>2 2 NAME   | 1   |  |                    | Change                  | Addition                   |
| TITLE NAME STRUCT ADDRESS DITY-ST-ZIP  | V<br>HUNTINGTON, LINDA G   |  | 2 1 TITLE<br>2 2 NAME   | ST-ZIP<br>T ADDRESS   |  |                    |                         |                            |
| THE NAME STREET ACCORDS OTY-ST-ZIP THEF  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET                        | ☐ DELETE                                   | 2 1 TITLE<br>2 2 NAME<br>2.3 STREE<br>2 4 CITY<br>3.1 TITLE   | ST-ZIP<br>T ADDRESS   |  |                    | ☐ Change                | Addition                   |
| TITLE NAME STROY: ACCORES CITY: ST- 289 TITLE NAME   | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         |  | 2 1 TITLE<br>2 2 NAME<br>2.3 STREE<br>2 4 CITY<br>3.1 TITLE<br>3.2 NAME   | ST-ZIP  T ADDRESS ST-ZIP  |  |                    |                         |                            |
| INTE NAME STROET ADDRECS CITY STOZE THEF NAME STREET ADDRECS   | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         |  | 2 1 TITLE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY<br>3 1 TITLE<br>3 2 NAME<br>3 3 STREE  | ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS   | 4.   |                    |                         |                            |
| DITE NAME STHEFT ADDRESS CITY ST- 289 NAME NAME GITY ST- ADDRESS GITY ST- ADDRESS  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         |  | 2 + 1 mle<br>2 2 name<br>2 3 stree<br>2 4 gity<br>3 1 tille<br>3 2 name<br>3 3 stree<br>3 4 gity  | ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS   |  | ,, [               |                         |                            |
| INTE NAME STROET ADDRECS CITY STOZE THEF NAME STREET ADDRECS   | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         | ☐ DELETE                                   | 2 1 TITLE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY<br>3 1 TITLE<br>3 2 NAME<br>3 3 STREE  | I ADDRESS<br>S1-ZIP<br>I ADDRESS<br>S1-ZIP  |  | ,, [               | _] Change               | Addition                   |
| DITE  NAME  STHEE ACORDES  CHY-ST-ZEP  THEE  NAME  STHEEL ACORDES  CHY-ST-ZEP  DIGE  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         | ☐ DELETE                                   | 2 1 TITLE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY-<br>3 1 TITLE<br>3 2 NAME<br>3 3 STREE<br>3 4 CITY-<br>4 1 TITLE<br>4 2 NAME                                       | I ADDRESS<br>S1-ZIP<br>I ADDRESS<br>S1-ZIP  |  | ,, [               | _] Change               | Addition                   |
| LITTE NAME STHEE CARDINESS CITY ST- 289 THEE NAME STHEEL ADDRESS CITY ST- 219 THEE NAME  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         | ☐ DELEYE                                   | 2 1 TITLE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY-<br>3 1 TITLE<br>3 2 NAME<br>3 3 STREE<br>3 4 CITY-<br>4 1 TITLE<br>4 2 NAME                                       | ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS   |  | ,, [               | Change                  | Addition Addition          |
| LITE NAME STHEE ADDRESS DITY STUZE THEE NAME STHEEL ADDRESS DITY STUZE HAME NAME STHEEL ADDRESS  | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         | ☐ DELETE                                   | 2 1 1/1LE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY-<br>3.1 THLE<br>3 2 NAME<br>3 3 STREE<br>3 4 CITY-<br>4 1 TITLE<br>4 2 NAME<br>4 3 STREE                           | ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS ST-ZIP  I ADDRESS   |  | ,, [               | _] Change               |                            |
| LITE NAME STHEE ADDRESS CHY-SE-ZEP THEE NAME STHEEL ADDRESS CHY-SE-ZEP HIGE NAME STHEE EADDRESS CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP CHY-SE-ZEP                       | V<br>HUNTINGTON, LINDA G<br>509 SCENIC STREET<br>LEESBURG FL         | ☐ DELEYE                                   | 2 1 1/1LE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY<br>3 1 DILE<br>3 2 NAME<br>3 3 STREE<br>3 4 CITY<br>4 1 TITLE<br>4 2 NAME<br>4 3 STREE<br>4 4 CITY                 | ST-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP                                    |  | ,, [               | Change                  | Addition Addition          |
| LITE NAME STHEE ADDRESS CHY-SE-ZEP THEE NAME STHEEL ADDRESS CHY-SE-ZEP HIGH NAME STHEE LADDRESS CHY-SE-ZEP DIGE DIGE DIGE DIGE   | V HUNTINGTON, LINDA G 509 SCENIC STREET LEESBURG FL                  | ☐ DELEYE                                   | 2 1 1/1LE<br>2 2 NAME<br>2 3 STREE<br>2 4 CITY-<br>3.1 THLE<br>3.2 NAME<br>3.3 STREE<br>4.1 THLE<br>4.2 NAME<br>4.3 STREE<br>4.4 CITY-<br>5.1 THLE<br>5.2 NAME    | ST-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP                                    |  | ,, [               | Change                  | Addition Addition          |
| LITTE NAME STHOT: ADDRESS CITY STOZE THEF NAME STHELL ADDRESS CITY STOZE DIGE NAME STREET ADDRESS CITY STOZE NAME STREET ADDRESS CITY STOZE | V HUNTINGTON, LINDA G 509 SCENIC STREET LEESBURG FL                  | DELETE  DELETE                             | 2 1 TITLE 2 2 NAME 2 3 STHEE 2 4 CITY 3 1 TILE 3 2 NAME 3 3 STHEE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STHEE 4 4 CITY 5 1 TITLE 5 2 NAME 5 3 STHEE                     | ST-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP                                    |  | ,, [               | Change Change           | Addition Addition Addition |
| LITTE NAME STROTE ADDRESS C-TY-ST-ZR THEF NAME STREET ADDRESS CITY-ST-ZR THRE NAME STREET ADDRESS CITY-ST-ZR THRE NAME STREET ADDRESS STREET ADDRESS   | V HUNTINGTON, LINDA G 509 SCENIC STREET LEESBURG FL                  | ☐ DELEYE                                   | 2 1 TITLE 2 2 NAME 2 3 STHEE 2 4 CITY 3 1 TILLE 3 2 NAME 3 3 STHEE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STREE 4 4 CITY 5 1 TITLE 5 2 NAME 5 3 STHEE 5 4 CITY 6 1 TITLE | ST-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS ST-ZIP                  |  | ,, [               | Change                  | Addition Addition          |
| LITTE NAME STHOT: ADDRESS CITY STOZE THEF NAME STHELL ADDRESS CITY STOZE DIGE NAME STREET ADDRESS CITY STOZE NAME STREET ADDRESS CITY STOZE | V HUNTINGTON, LINDA G 509 SCENIC STREET LEESBURG FL                  | DELETE  DELETE                             | 2 1 TITLE 2 2 NAME 2 3 STHEE 2 4 CITY 3 1 TILLE 3 2 NAME 3 3 STHEE 3 4 CITY 4 1 TITLE 4 2 NAME 4 3 STHEE 5 1 TITLE 5 2 NAME 5 3 STHEE 5 4 CITY 6 1 TITLE 6 2 NAME | T ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP  I ADDRESS S1-ZIP                          |  | ,, [               | Change Change           | Addition                   |
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4. I do have by 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 consult 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 are an officer or director of the corporation or fine receiver or trustee appears in Block. 12 or B 3ck, 13 if changed, or on an attachment with an address.

SIGNATURE: Xxx Lo X Am to The College

3-15-97 35

352-787-1102 Daysing Priories