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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 435844

(6)

FILED
Jan 16 1998 8:00am
Secretary of State

SMITH-JONES ENTERPRISES, INC.											A11 A12 11 A12		*****		
Principal Place of Business Mailing Address											14 14 14 14 14 14 14 14		giali fàil		
10 NE 18TH ST. 351 THOMAS MILL RD.															
HOMESTEAD FL 30030 EASLEY SC 29640										DO NOT INDITE IN TH	c cdace				
US										DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
										09/11/1973					
2.	Principal P	lace of Busin	ness	20	2a. Mailing Address					4. FEI Number			plied For	┪	
21				26						59-1539084			l Applicable	<u>.</u>]	
	Suite, Apt.	#, etc.		\perp	Suite, Apt. #, etc.					5. Certificate of Status Desired			dditional	1	
22	Oit P Ct-t			27	<u> </u>								quired	4	
23	City & State	е		20	City & State					B. Election Campaign Financing Trust Fund Contribution			May Be o Fees		
23	Zip	Country			Zip Cou					8. This corporation owes or has paid the				-	
24		⊢			9 30					Personal Property Tax due June 30.	Yes] No		
	9. Name and Address of Current Registered Agent									10. Name and Address of New Registers	d Agent			1	
JONES, KAREN							81	Name							
10 NE 18TH ST							82	Street	Addres	ss (P.O. Box Number is Not Acceptable)				1	
HOMESTEAD FL 33030														4	
							84	City	····-		85	Zip C	Code	7	
11 Pursuant to the provisions of Coolings 607 0502 and 607 1509 Elected Statutes								nomod	COFFE	ration authorite this atatament for the aurops		ne ite	registered	4	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. I am Jamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.										n's board of directors. I hereby accept the a	ppointmer	nt as i	registered		
į.		m ja millar wi ->	in, and accept the obliga	ilions o	or, Section 607.0505, Fig	orida Sta	tutes	i.						-	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Reg								nt signature	required	when reinstating) DATE					
12.		OFFICERS AND DI								ADDITIONS/CHANGES TO OFFICERS A			_	CR2E034 (10/97)	
TITLE		PD CANTAL ANNUE O			DELETE		1.1 TITLE		ļ		∐ Cha	nge	Addition	[Ξ	
NAM	_	SMITH, ANNIE O 2619 SE 20 CT, BOX #15						I.2 NAME						좡	
ſ	MOMEOTEAN EL ASASE							ADDRESS	SS					ĮЖ	
TITLE	-ST-ZIP	D TOMESTEAD PE 33033			1.4 C			T-ZIP			Cha	D/IA	Addition	-1뜻	
NAMI	1	JONES, ELBERT F			_ bittit	22 NA					PL VIII	ingo	Addition		
	⁻	ADDRESS 351 THOMAS MILL RD				23 51			V	. P D.				ł	
l	CITY-ST-ZIP EASELY SC 29640				2.40					,					
THTLE	HILE STD				DELETE	~~~	3.1 TITLE				Cha	nge	Addition	1	
NAME	E	JONES, KAREN			3.2 N		2 NAME		_	_	43				
STRE	et address				338		TREET	REET ADDRESS P		D.					
CITY	CITY-ST-ZIP EASLEY SC 29640				3.4. C			T- Z IP						_	
TITLE	ı				L DELETE	4.1 7			S	TD.	L Cha	nge	Addition		
NAMI							IAME		4.1	ndra Lynn Hamilton				1	
STREET ADDRESS						ADDRESS									
	-ST-ZIP				☐ DELETE		ITY - ST	- ZIP		7 Thomas Milliad o	Chai	000	Addition	-	
TITLE	- 1				T DETELL	51T			/22	asley, S. C. 29640	LLJ VIIdi	iye	iii Addition		
	ET ADDRESS							address	\					1	
	-ST-ZIP						INCEL I							-	
TITLE					DELETE	6.1 7		- 211			Char	nge	Addition	1	
NAME	ľ					6.2 N			D.			•			
	ET ADDRESS							address	Jο	seph Matthew Jones				1	
CITY-ST-ZIP					6.4 CIT					1 Thomas Mill Rd P		_		1-	
		artific that the	o information ourselled with	th thin t	filing dags not suglify to	y the ov	oponti	ina state	- C	nation 110 07/21/il Elorido Cintutos I fuelbar	2 15 A R 3	10.0	3.2.2	ษก	

In hereby certify that the information supplied with this filling 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.

OLONIATURE: \

V mena

mes)

1/9/98 01.45448