

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **455397**

Corporation Name

**SMITH & CASADY, INC.**

Principal Place of Business  
212 E. 3RD AVE. . TAMPA. FL  
P. O. BOX 749  
RANDON FL 33509

Mailing Address  
3212 E. 3RD AVE. . TAMPA. FL  
P. O. BOX 749  
BRANDON FL 33509

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90014 034 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
212 E. 3RD AVE. . TAMPA. FL		3212 E. 3RD AVE. . TAMPA. FL		06/26/1974	
P. O. BOX 749		P. O. BOX 749		4. FEI Number	
RANDON FL 33509		BRANDON FL 33509		59-1536179	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
City & State		City & State		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
Country		Country		8. This corporation owes the current year	
25		29		Intangible Personal Property.	
30		30		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, EVERETT E.				81 Name	
2614 BELLWOOD DR.				82 Street Address (P.O. Box Number is Not Acceptable)	
BRANDON FL 33511				83	
				84 City	
				FL 85 Zip Code	

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE	SMITH, EVERETT E.	1.2 NAME	
EET ADDRESS	2614 BELLWOOD DR	1.3 STREET ADDRESS	
ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		2.2 NAME	
EET ADDRESS		2.3 STREET ADDRESS	
ST-ZIP		2.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		3.2 NAME	
EET ADDRESS		3.3 STREET ADDRESS	
ST-ZIP		3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		4.2 NAME	
EET ADDRESS		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		5.2 NAME	
EET ADDRESS		5.3 STREET ADDRESS	
ST-ZIP		5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
IE		6.2 NAME	
EET ADDRESS		6.3 STREET ADDRESS	
ST-ZIP		6.4 CITY-ST-ZIP	

I 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:** *EVERETT E. SMITH PRES.* 6-30-99 813-241-6121  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)