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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 555648

(5)

JIMMIE SMITH CONSTRUCTION, INC.

FILED Mar 25 1997 8:00am Secretary of State

| _ | | | Ellett Billio | 410 11 1881 |
|---|--|--|---------------|--------------------|

| Principal Plac BLUFF HAMMOX P.O.BOX 300 LORIDA FL 3385 | CK ROAD | Mailing Address BLUFF HAMMOCK ROAD P.O.BOX 300 LORIDA FL 33657-0300 | F HAMMOCK ROAD OX 300 | | | | | | |
|---|---|---|---|--|---|--|-----------------------|-----------------------------|--|
| | | | • | | 3. Date Incorporated or Qualifier 12/19/1977 | alified 3a. Date of Last Report 12/16/1996 | | eport | |
| 2. Principat P 21 | race of Business | 2a. Mailing Address 26 | | | 4. FEI Number 59-1800915 | | Ap | oplied For of Applicable | |
| Suite, Apt | #, etc | Suite, Apt #, etc | | | 5. Certificate of Status Desired | D : | \$8.75 A | Additional equired | |
| Oity & Stat 23 | ··· | City & State | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | | |
| Ζιμ 24 | Country 25 | 7φ 29 | 30 Co. | untry | 8. This corporation has liability f Florida Statutes | Yes 🔲 | No | . 199.032, | |
| SMIT | Name and Address of Curr JIMME | ent Registered Agent | | 81 Name | 10, Name and Address of New | Registered Age | ant | | |
| 5229 | BLUFF HAMMOCK RD | | | 82 Street Add | dress (P.O. Box Number is Not Accep | table) | | | |
| LORI | DA FL 33857 | | 83 | | | | | A | |
| | | | | <u> </u> | | | | | |
| | | | | 84 City | | FL ^{(*} | 85 Zip (| Code | |
| 12. THE NAME SINGLATERIES OFF SEAR TRUE | PD SMITH, JIMMIE BLUFF HAMMOCK RD LORIDA FL SD | AND DIRECTORS DELETE | 13. 1.1 1 1.2 N 1.3 S 1.4 C | ITEE IAME ITREET ADDRESS ITY - ST - ZIP | used when resustating) ADDITIONS/CHANGES TO OF | | MRECTOR Change Change | Addition | |
| CHA 21 Ab STREET MENU 27 (| LORIDA FL | | | IAME ITREET ADDRESS CITY-ST-ZIP | | | | | |
| DITE NAM SHREELADIGE OF | | DELETE | 3.1 T 3.2 M 3.3 S | ITLE | | C. | Change | Addition | |
| TIFLE NAME 518; LAPOBESS COY SI-1 | | DELETE | 4.1 ¥ 4. 2 £ 4.3 \$ | | | L | Change | ☐ Addition | |
| TODA NAME STREET ACCESSS | | DELETE | 5.1 T 5.2 M 5.3 S | TILE LAME STREET ADDRESS | | |] Change | Addition | |
| CHY-SO ZIP TITLE NAME SAGAT APORT SS CHY-ST-ZE | | DELETE | 61 T 6.2 M 63 S | OTY-ST-ZIP ITLE STREET ADDRESS OTY-ST-ZIP | | |] Change | Addition | |

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 have an office or of frector of the corporal or or this receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.