

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 # **576645** (6)  
1. Corporation Name  
**H.E. SMITH COMPANY, INC.**

Principal Place of Business  
**1898 W. GULF TO LAKE HWY.  
P.O. BOX 10  
INVERNESS FL 32651**

Mailing Address  
**1898 W. GULF TO LAKE HWY.  
P.O. BOX 10  
INVERNESS FL 32651**

FILED  
Jan 30 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **1895 W. Gulf to LK Hwy**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Leccanto, FL 34461**  
Zip Country  
24 **34461** 25 **U.S.A**

2a. Mailing Address  
26 **1895 W. Gulf to LK Hwy**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Leccanto, FL**  
Zip Country  
29 **34461** 30 **USA**

3. Date Incorporated or Qualified  
**06/22/1978**

4. FEI Number  
**59-1824093**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
**BUCHANAN, WILLIAM C  
105 S TABITHA PATH  
INVERNESS FL 34450**

10. Name and Address of New Registered Agent

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

TITLE	PST	<input type="checkbox"/> DELETE
NAME	BUCHANAN, WILLIAM C	
STREET ADDRESS	1898 W. GULF TO LAKE HWY	
CITY-ST-ZIP	LECCANTO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUCHANAN, BARRY L	
STREET ADDRESS	1898 W. GULF TO LAKE HWY	
CITY-ST-ZIP	LECCANTO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUCHANAN, DANNY R.	
STREET ADDRESS	1898 GULF TO LAKE HWY	
CITY-ST-ZIP	LECCANTO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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: William C Buchanan 1/27/98 746-0098

CR2E034 (10/97)