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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 612875

1. Corporation Name

R. LEE SMITH, P.A.

Principal Place of Business	Mailing Address
10450 SAN JOSE BLVD. #3 JACKSONVILLE FL 32257	10450 SAN JOSE BLVD. #3 JACKSONVILLE FL 32257

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90063 032 ***150.00



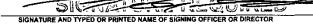
10450 SAN JOSE BLVD. #3 JACKSONVILLE FL 32257 10450 SAN JOSE BLVD. #3 JACKSONVILLE FL 32257		DO NOT WRITE IN THIS	SPACE				
					Date Incorporated or Qualifed 03/14/1979		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Apı	plied For
21		26			59-1890532	No	t Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	_		5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Sta	nte	City & State	_		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Int	angible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent	
				81 Name			
	ITH, R. LEE			On Circal Add	roos (B.O. Boy Number is Not Assentable)	_	
	50 SAN JOSE BLVD. #3			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
JAC	CKSONVILLE FL 32257			83			
1							
}				84 City	FL	85 Zip (Code
		-1 007 1000 Florido Statut	a tha a		poration submits this statement for the purpose of		registered
office or	registered agent, or both, in the State of am familiar with, and accept the obligation	of Florida. Such change was at	Jthorized	by the corporati	on's board of directors. I hereby accept the appoint	ntment as reg	gistered
SIGNATURE				Agent signature require	ed when reinstating) OATE	_	
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	Agent signature require	ADDITIONS/CHANGES TO OFFICERS A	ID DIRECTO	RS IN 12
12.		DELETE	1.1 TI	15	ABBITIONS/CITATOES TO GIT IDENG A	Change	Addition
TITLE	PD DIE		1.2 N				
NAME	SMITH, R LEE		l				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 00000		_	TY-ST-ZIP		["] Change	Addition
TITLE	S	☐ DELETE	2.1 ₹	LE		☐ Change	
NAME	BAGLEY, BRENDA S.		2.2 N	ME			
STREET ADDRESS	s 10450 SAN JOSE BLVD. #3		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2.4C	TY-ST-ZIP			
TITLE		DELETE	3.1 TI	TLE .		☐ Change	Addition
NAME			3.2 N	ME .		• • •	*
STREET ADDRESS	s		3.3 ST	REET ADDRESS			
CITY-ST-ZIP				TY-ST-ZIP			
TITLE		DELETE	4.1 TI			☐ Change	☐ Addition
NAME	1	<u>-</u>	4. 2 N	·			
STREET ADDRESS	c			REET ADDRESS			
\	3			!			
CITY-ST-ZIP		DELETE	5.1 TI	TY-ST-ZIP		Change	Addition
TITLE	1	(1) pereie	5.1 II			90	
NAME							
STREET ADDRESS	s(~		REET ADDRESS			
CITY-ST-ZIP			_	TY-ST-ZIP		Chan	- Addition
TITLE		☐ DELETE	6.1 TI]		☐ Change	☐ Addition
	1		62 N	ME I			

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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS



4-20-99