

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

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90104 037 \*\*\*150.00

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1. Corporation Name

SMITH WREATH AND ASSOCIATES, INC.

Principal Place of Business

1117 SOUTH FLORIDA AVE  
TARPON SPRINGS FL 34689  
US

Mailing Address

1117 SOUTH FLORIDA  
TARPON SPRINGS FL 34689  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1980

4. FEI Number

59-2023512

Applied For

Not Applicable

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 the current year intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WREATH, C. FRANK  
3785 US ALT 19 NORTH  
PALM HARBOR FL 33563

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1117 SOUTH FLORIDA AVE

83

84 City

TARPON SPRINGS

FL

85 Zip Code

34689

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)

3/2/99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME WREATH, C. FRANK  
STREET ADDRESS 1117 S. FLORIDA AVE.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VP ☐ DELETE

NAME SMITH, DAN H  
STREET ADDRESS 1400 TARPON WOODS BLVD  
CITY-ST-ZIP PALM HARBOR FL

TITLE S ☐ DELETE

NAME WREATH, DEBBIE C  
STREET ADDRESS 1117 S FLORIDA AVE  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE AS ☐ DELETE

NAME SWAN, DAVID S JR  
STREET ADDRESS 300 S DUNCAN AVE #236  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

Date

727-937-8461

Daytime Phone #

CR2E034 (11/98)