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Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90007 049 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 848185

1. Corporation Name

JAMES J. SMITH & SONS PAINTING, INC.

Principal Place of Business

136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE PA 17225

Mailing Address

136 E. MADISON ST.
P.O. BOX 282
GREENCASTLE PA 17225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1981

4. FEI Number

23-1741172

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

MYERS, JOHN H.
1734 MAIN STREET
SARASOTA FL 33578

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 | PD | <input type="checkbox"/> DELETE |
| NAME | SMITH, JERRY L | |
| STREET ADDRESS | PO BOX 35 N/A | |
| CITY-ST-ZIP | GREENCASTLE, PA 00000 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | TOSTEN, SHARON A | |
| STREET ADDRESS | 8023 MOLLY PITCHER HWY | |
| CITY-ST-ZIP | GREENCASTLE, PA 00000 | |
| TITLE | EVP | <input type="checkbox"/> DELETE |
| NAME | SMITH, JAMES G | |
| STREET ADDRESS | P.O. BOX 263 | |
| CITY-ST-ZIP | GREENCASTLE, PA 00000 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SMITH, THELMA E | |
| STREET ADDRESS | 136 E.MADISON ST. | |
| CITY-ST-ZIP | GREENCASTLE, PA 00000 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | SMITH, RICHARD J | |
| STREET ADDRESS | 136 E MADISON ST APT #2 | |
| CITY-ST-ZIP | GREENCASTLE PA 17225 | |
| 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, with all other like empowered.

SIGNATURE: Sharon A. Tosten Sharon A. Tosten-Sec./Treas.

1/20/99

717-597-7446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)