

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F95000005557 (2)**

1. Corporation Name

**SMITH CONSTRUCTION ENGINEERING CORP.**

Principal Place of Business

**5222 CREEKMUR DRIVE  
LAKELAND FL 33813  
US**

Mailing Address

**5222 CREEKMUR DRIVE  
LAKELAND FL 33813  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/13/1995**

4. FEI Number

**35-1829989**

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

2. Principal Place of Business

21 **521 N. RIVERSIDE DR.**

Suite, Apt. #, etc.

22 **#904**

City & State

23 **POMPANO BEACH, FL**

Zip

24 **33062**

Country

25 **USA**

2a. Mailing Address

26 **521 N. RIVERSIDE DR.**

Suite, Apt. #, etc.

27 **#904**

City & State

28 **POMPANO BEACH, FL**

Zip

29 **33062**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SMITH, NANCY  
5222 CREEKMUR DRIVE  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name

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

**521 N. RIVERSIDE DRIVE #904**

83

84 **POMPANO BEACH**

**FL**

85 Zip Code

**33062**

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]*

(NOTE: Registered Agent signature required when reinstating)

**4-15-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DCP  
SMITH, NANCY**  
STREET ADDRESS **5222 CREEKMUR DRIVE**  
CITY-ST-ZIP **LAKELAND FL**

TITLE ☐ DELETE

NAME **DCV  
VICKERS, M. STEWART**  
STREET ADDRESS **2080 S CENTER ST**  
CITY-ST-ZIP **TERRE HAUTE IN 47802**

TITLE ☐ DELETE

NAME **DST  
SVENDSEN, TRACY CHRIS**  
STREET ADDRESS **4807 OLD OAK DRIVE**  
CITY-ST-ZIP **ORANGE TX**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **521 N. RIVERSIDE DRIVE #904**  
1.4 CITY-ST-ZIP **POMPANO BEACH, FL 33062**

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.

SIGNATURE:

*[Signature]*

**4-15-98**

CR2E034 (10/97)