

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

FILED
Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G20528**

(7)

1. Corporation Name
SMITH & SONS, INC.

Principal Place of Business
**154 S BEACH ST
DAYTONA BEACH FL 32114
US**

Mailing Address
**2032 JOHN ANDERSON DRIVE
ORMOND BEACH FL 32176-3105
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1983		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 59-2273132		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, ANN M. 2032 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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

Alvin E. Smith Jr.

4/2/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANN M.	1.2 NAME	Smith, ALVIN E. JR
STREET ADDRESS	2032 JOHN ANDERSON DRIVE	1.3 STREET ADDRESS	950 Holly Cir
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALVIN E.	2.2 NAME	
STREET ADDRESS	2032 JOHN ANDERSON DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ALVIN E. JR	3.2 NAME	Smith, ANN M
STREET ADDRESS	950 HOLLY CIR	3.3 STREET ADDRESS	2032 JOHN ANDERSON DRIVE
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 *Alvin E. Smith Jr.* **ALVIN E Smith JR President** 4/2 (904) 252-6531

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)