## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Apr 23 1998 8:00am FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # DEES & SMITH AGENCY, INC. Principal Place of Business Mailing Address P.O. BOX 1130 243 N BREVARD ARCADIA FL 33821 P. O. BOX 1130 ARCADIA FL 33821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/02/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 880 1. O. 59-2330962 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Ircadia 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH D. REX 243 N BREVARD Street Address (P.O. Box Number is Not Acceptable) P. O. BOX 1130 83 ARCADIA FL:83821 34265 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ΡĐ DELETË TITLE Change Addition 11 TiTLE DEES, GEORGE T. NAME 1.2 NAME 11000 PLACIDA ROAD, SPT. 1804 STREET ADDRESS 1.3 STREET ADDRESS **Pla**cida fl CITY-ST-ZIP 1.4 CITY - ST - 2iP DELETE STD 2.1 TITLE Change Addition TITLE **SMITH, REX** NAME 2.2 NAME 3548 NW HWY 72 STREET ADDRESS 2.3 STREET ADDRESS **ARCADIA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CATY-ST-ZIP 4.4 CITY-ST-ZIP

CITY-ST-ZIP 14. Thereby 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.

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

6 4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

DELETE

DELETE

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

4-17-90

Change

Change

Addition

\_\_\_ Addition