


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

FILED

Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G91667** (7)  
1. Corporation Name  
**JERRY SMITH FILM & TELEVISION COMPANY, INC.**



Principal Place of Business 9911 OLD BAY MEADOWS RD STE 118 JACKSONVILLE FL 32258 US	Mailing Address 9911 OLD BAYMEADOWS RD STE 118 JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>11265 Alumni Way</u> Suite, Apt. #, etc. 22 City & State 23 <u>Jacksonville, FL.</u> Zip 24 <u>32246</u> Country 25 <u>USA</u>	2a. Mailing Address 26 <u>11265 Alumni Way</u> Suite, Apt. #, etc. 27 City & State 28 <u>Jacksonville, FL.</u> Zip 29 <u>32246</u> Country 30 <u>USA</u>
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3. Date Incorporated or Qualified <b>03/15/1984</b>	4. FEI Number <b>36-3298966</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**ROBINSON, PEGGY M  
6845 GOLFVIEW ST  
JACKSONVILLE FL 32210**

81 Name <u>Robison, Peggy M.</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>6845 Golfview St.</u>
83
84 City <u>Jacksonville</u>
85 Zip Code <u>FL 32210</u>

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)

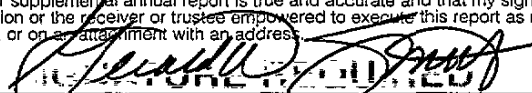
DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DCP SMITH, GERALD W.</b>
STREET ADDRESS	<b>8724 HUNTERS CRK DR. S.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>DV SMITH, CYNTHIA M.</b>
STREET ADDRESS	<b>8724 HUNTERS CRK DR. S.</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32256</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TS ROBINSON, PEGGY M</b>
STREET ADDRESS	<b>6845 GOLFVIEW ST</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<u>TS Robison, Peggy M.</u>
3.3 STREET ADDRESS	<u>6845 Golfview St.</u>
3.4 CITY-ST-ZIP	<u>Jacksonville, FL 32210</u>
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.

SIGNATURE:



1/22/98 (904) 646-1919

CR2E034 (10/97)