1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # H01120

MICKEY SMITH, PROFESSIONAL BUILDERS, INC.

Prin	cıpai	Plac	e of I	Busin	le:
2831	NW	41ST	ST	#G	
GAIN	ESVI	LLE F	L 32	606	

Mailing Address

2831 NW 41ST ST., #G GAINESVILLE FL 32606

## FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90068 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed 04/24/1984				
0.0000000000000000000000000000000000000	( Paris and	2a Mailine Address			4. FEI Number	- Γ	pplied For		
2. Principal Place of Business		2a. Mailing Address			59-2402545		ot Applicable		
21	H -1-	26 Suite Ant # etc							
Suite, Apt. #, etc.		27 Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
City & State City & State		City & State -			6. Election Campaign Financing. S5.00 May Be Trust Fund Contribution Added to Fees				
Zip	· · · · · · · · · · · · · · · · · · ·			Country 8. This corporation owes the current year		ible			
24 25 29 30			i i	Personal Property Tax.		☐ Yes ☐ No			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Age	ent			
			81	Name					
SMIT	H, J.M.		-	0	Advance (D.O. Day Number in Not Accontable)				
2831	NW 41ST ST., #G		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		ł		
	IESVILLE FL 32606		83	-					
			84	City	FL	<b>85</b> ∤ Zip	Code		
44 =		David COT AFOO Flacida Chabidae	45		proporation submits this statement for the purpose of characteristics.	anging it	s registered		
11. Pursuant i	to the provisions of Sections 607.050; egistered agent, or both, in the State (	2 and 607.1508, Florida Statutes, of Florida. Such change was auth	orized by	the corpora	ation's board of directors. I hereby accept the appointment	ent as r	egistered		
agent. I ar	n familiar with, and accept the obligat	tions of, Section 607.0505, Florida	Statutes	s. ·			,		
SIGNATURE	**************************************	• · · · · · · · · · · · · · · · · · · ·							
	Signature, typed or printed name of registered ager		gistered Age	ent signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND	DIDECT	OPS IN 12		
12.						Change			
TITLE	ODP	☐ DELETÉ	1.1 TITLE 1.2 NAME		_				
NAME									
STREET ADDRESS 2831 NW 41ST ST., G			1.3 STREE	TADDRESS					
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NAME			2.2 NAME						
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CITY+ST-ZIP			2.4 CITY-	ST-ZIP					
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NAME			3.2 NAME	1	•	-			
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NAME			4. 2 NAME	:					
STREET ADDRESS			4.3 STREE	T ADDRESS	***************************************				
CITY-ST-ZIP			4.4 CITY-5						
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NAME				į			)		
STREET ADDRESS				T ADDRESS			}		
CITY-ST-ZIP			6.4 CITY-5	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:

3253183391