

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

FILED
Mar 26 1998 8:00am
Secretary of State

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

DOCUMENT # H71031 (9)
1. Corporation Name
SMITH & WILLIAMS, P.A.

Principal Place of Business 712 SOUTH OREGON AVENUE GREGORY L. WILLIAMS TAMPA FL 33606	Mailing Address 712 SOUTH OREGON AVENUE GREGORY L. WILLIAMS TAMPA FL 33606
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 101 E Kennedy Blvd Suite, Apt. #, etc. 22 #1760 City & State 23 Tampa, FL Zip 24 33602 Country 25 USA		2a. Mailing Address 26 101 E Kennedy Blvd. Suite, Apt. #, etc. 27 #1760 City & State 28 Tampa, FL Zip 29 33602 Country 30 USA		3. Date Incorporated or Qualified 08/12/1985
		4. FEI Number 59-2565990		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent WILLIAMS, GREGORY L. 712 SOUTH OREGON AVE. TAMPA FL 33606		10. Name and Address of New Registered Agent 81 Name Williams, Gregory SMITH, David 82 Street Address (P.O. Box Number is not acceptable) 101 E. Kennedy Blvd #1760 83 84 City TAMPA FL 85 Zip Code 33602	
--	--	---	--

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 David L. Smith (NOTE: Registered Agent signature required when reinstating) DATE 1-7-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VDS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, GREGORY L	1.2 NAME	
STREET ADDRESS	3108 PROSPECT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID L	2.2 NAME	
STREET ADDRESS	5123 SAN JOSE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: David L. Smith Mar 20, 1998 813-276-1820

CR2E034 (10/97)