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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **H92894**

1. Corporation Name

NAME

STREET ADDRESS

CITY-ST-ZIP

|   | MITH INSURANCE AGENCY  | INC.  |  |  |
|---|--|---|--|--|
|   | 10   | Mailing Address                                 |  |  |
| Principal Place   | or Business  | Mailing Address                                 |  |  |
| 14837 7TH ST.   | oorer  | 14837 7TH ST.                                   |  |  |
| DADE CITY FL  | 33525  | DADE CITY FL 33525<br>US                        |  | DO NOT WRITE IN THIS SPACE   |
| US  |  | 03  |  | 3. Date Incorporated or Qualifed   |
|   |  |   |  | 12/30/1985   |
| 8   |  | A Mailing Address                               |  | 4. FEI Number Applied For  |
|   | ace of Business  | 2a. Mailing Address                             | L) Amende  | 1 h-+  |
| 21 384  | lle 5th Avenue   |   | TH AVENU   | 48 00 E00 1000   |
| Suite, Apt.   | #, etc.  | Suite, Apt. #, etc.                             |  | 5. Certificate of Status Desired   |
| City & State  | 9  | City & State                                    |  | 6. Election Campaign Financing \$5.00 May Be   |
| 23 Zeph   | wehills FL   | 28 Zephyzhi                                     | ik. FL   | Trust Fund Contribution Added to Fees  |
| Zip   | Country  | Zip   | Country  | 8. This corporation owes the current year Intangible   |
| 24 3354   | 40 25 U.S  | 29 33540  | 30 US  | Personal Property Tax.   |
| 24 6 6  | 9. Name and Address of Current   |   | <u> </u>   | 10. Name and Address of New Registered Agent   |
|   | J. 114110 2110 11210 11 1  | <u> </u>  | 81 Name  |  |
| SMIT  | H, ROBERT H  |   | \(\mathbf{Y}\)   | ATRICIA J. SHAPLEY   |
|   | 7 7TH STREET   |   | 82 Street  | Address (P.O. Box Number is Not Acceptable)  |
| 1   | E CITY FL 33525  |   | 83   | 8426 5th Avenue  |
| DAD   | E 0111 FE 35025  |   | 63   | •  |
|   |  |   | 84 City  | 85 Zip Code  |
| 1   |  |   | 7  | ephyphills FL 33540  |
| 11, Pursuant t  | to the provisions of Sections 607.0502   | and 607.1508, Florida Statut                    | es, the above-named  | corporation's submits this statement for the purpose of changing its registered<br>oration's board of directors. I hereby accept the appointment as registered   |
| office or re  | egistered agent, or both, in the State o<br>m familianwith, and accept the obligati  | ons of Section 607,9505. Flo                    | utnonzed by the corpo<br>rida Statutes.  | poration's board of directors. Thereby accept the appointment as registered  |
| agongeron   |  |   |  |  |
| l   | - Liver  | And .   |  | 4-29.99  |
| SIGNATURE   | - migai  | Znoce   | . A gistered Agent signature ri  | required when reinstating) DATE  |
|   | - migai  | and title if applicable (NO)                    |  | required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| SIGNATURE  12.  TITLE   | and a signature, typed or printed name of registered admit OFFICERS AND  | and title if applicable (NO)                    | Registered Agent signature re  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7 Change Addition   |
| 12.   | organization, typed or printed name of registered admit  | and title if applicable (NOTE) DIRECTORS        | Registered Agent signature re  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7 Change Addition   |
| 12. TITLE NAME  | Signature, typed or printed name of registere advertigation of the state of the sta | and title if applicable (NOTE) DIRECTORS        | Agistered Agent signature in P3.  1.1 TITLE  1.2 NAME  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7 Change Addition   |
| 12. TITLE NAME STREET ADDRESS   | OFFICERS AND OFFIC | and title if applicable (NOTE) DIRECTORS        | 3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7 Change Addition   |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND PSD SMITH, ROBERT H. 14837 7TH ST. DADE CITY FL   | and title if applicable (NOTE) DIRECTORS DELETE | 3. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7 Change Addition  Addition  Addition  Addition  ALENDEY  38416 5th Avenue  280 Avenue  280 Avenue  3840  |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PSD SMITH, ROBERT H. 14837 7TH ST. DADE CITY FL VD SMITH, DORA 14837 7TH ST. DADE CITY FL T  | and title if applicable (NOTE) DIRECTORS DELETE | Projectored Agent signature in P3.  1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PSD 7  Change Addition  Addition  Addition  Addition  Change Addition  Change Addition  |
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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 12 if changed, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

May 08, 1999 8:00 am Secretary of State

05-08-1999 90011 024 \*\*\*150.00