FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00								EI))	.00	
CO	PROFIT RPORATION UAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State				FILED Jan 26 1998 8:00am					
1998 DIVISION OF C					DRPORATIONS			Secreta	rv (of S	Sta	ate
1. Corporation	MENT # J204 SMITH & SONS, INC.		(5)									
1318 MARVIN AVE. PORT ST. JOE FL 32456 US 1318 MARVIN AVE. PORT ST. LUCIE FL 32456 US US								DO NOT WRIT	DO NOT WRITE IN THIS SPACE			
								3. Date Incorporated or Qualified				
2. Principal F	Place of Business	28.	Mailing Address					06/23/1986 4. FEI Number		—— <u>I</u>		plied For
<u> </u>	Hwy 98 West		3055 Hwy 9	18 We	est			59-2714113			1	t Applicable
Suite, Apt.		27	Suite, Apt. #, etc.					5. Certificate of Status Desired			.75 A	Additional quired
City & State	St. Joe. FL	28	City & State Port St.	Joe.	. FI			6. Election Campaign Financing				May Be
Zip	Country		Zip		Country	,		Trust Fund Contribution 8. This corporation owes or has p		rrent ye	ar Inta	_ ~
24 32456	25 9. Name and Address of Cu	29	32456	30	<u> </u>			Personal Property Tax due June 10. Name and Address of New Re		X Yes		No
GI	BSON, THOMAS S.				81	Name		10. Hame and Address of ficts in	gistered	- Ağerir		
	3 FOURTH STREET				82	Street A	Addres	ss (P.O. Box Number is Not Accepta	hla)			
	ORT ST. JOE FL 32456					Street A	100163	ss (F.O. Box Namber is Not Accepta	ule)			
					83							
					84	City			FL	85	Zip C	ode
11. Pursuant office or agent 1 a	to the provisions of Sections 607 registered agent, or both, in the Sem familiar with, and accept the o	.0502 and 60 tate of Florida bligations of,	7.1508, Florida Sta a. Such change w Section 607.0505	atutes, as autr , Florid	the above norized by a Statutes	e-named of the corpo	corpor oration	ration submits this statement for the n's board of directors. I hereby acce	ourpose o	f chang cointme	ing its	registered registered
SIGNATURE	Signature, typed or printed name of registere	i elit bos trens b	anniirahle (NOTE: Ba	aletored And	et cionaturo s	ranı ilrad	when reinstating)	DATE			
12.		AND DIRECT		1012.11	13.	m alginature i	aquileu	ADDITIONS/CHANGES TO OFFI		DIREC	TOR	S IN 12
TITLE	D		☐ DELETE		1.1 TITLE					Cha	ınge	Addition
NAME	SMITH, CHARLES R.				1.2 NAME							
STREET ADDRESS	1318 MARVIN AVE PORT ST. JOE FL				1.3 STREET							
CITY - ST - ZIP	DP		DELETE		1.4 CITY-S 2.1 TITLE	T-ZIP				☐ Cha	nne	Addition
NAME	SMITH, LOIS		_		2.2 NAME							
STREET ADDRESS	1318 MARVIN AVE				2.3 STREET	ADDRESS						
CITY - ST - ZIP	PORT ST. JOE FL				2. 4 CITY - ST - ZIP							
TITLE	DP DONNE		☐ DELETE	ĺ	3.1 TITLE					Cha	nge	Addition
NAME STREET ADDRESS	SMITH, DONNIE L. RT 2 BOX A1C				3.2 NAME	ADDDESO						
CITY-ST-ZIP	PORT ST. JOE FL				3.3 STREET 3.4. CITY-S							
TITLE		r	☐ DELETE		4.1 TITLE					Cha	nge	Addition
NAME					4. 2 NAME							
STREET ADDRESS					4.3 STREET							
CITY+ST-ZIP			DELETE		4.4 CMY - ST	r- ZIP				l Ch-	200	A phalisin +
TITLE NAME			L. J DELETE	ı	5.1 TITLE 5.2 NAME			·		∐ Cha	របួដ	Addition
STREET ADDRESS					5.3 STREET	ADDRESS		,				

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:

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6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CJTY - ST - ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition