


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

FILED

Jan 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 # J20428 (5) 1. Corporation Name C. R. SMITH & SONS, INC.					
Principal Place of Business 1318 MARVIN AVE. PORT ST. JOE FL 32456 US			Mailing Address 1318 MARVIN AVE. PORT ST. LUCIE FL 32456 US		
2. Principal Place of Business 21 3071 Hwy 98 West Suite, Apt. #, etc. 22 City & State 23 Port St. Joe, FL Zip 24 32456		2a. Mailing Address 26 3055 Hwy 98 West Suite, Apt. #, etc. 27 City & State 28 Port St. Joe, FL Zip 29 32456		3. Date Incorporated or Qualified 06/23/1986 4. FEI Number 59-2714113 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent GIBSON, THOMAS S. 303 FOURTH STREET PORT ST. JOE FL 32456				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, CHARLES R.		1.2 NAME		
STREET ADDRESS	1318 MARVIN AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL		1.4 CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DONNIE L.		3.2 NAME		
STREET ADDRESS	RT 2 BOX A1C		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. JOE FL		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		



DO NOT WRITE IN THIS SPACE

SIGNATURE: *Lois Smith* LOIS SMITH

1-20-98 850 229 6682

CR2E034 (10/97)