

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

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Jul 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K06502

(4)

1. Corporation Name
FRED P. SMITH, INC.

Principal Place of Business
% FRED P. SMITH
150 SOUTH WOODLAWN AVENUE
BARTOW FL 33830-4443

Mailing Address
% FRED P. SMITH
150 SOUTH WOODLAWN AVENUE
BARTOW FL 33830-4443



3. Date Incorporated or Qualified
12/10/1987

3a. Date of Last Report
02/07/1996

4. FEI Number
59-2856880

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 150 South Woodlawn Avenue

2a. Mailing Address
26 P.O. Box 217

Suite, Apt. #, etc.
22 Bartow, FL 33830

Suite, Apt. #, etc.
27 Bartow, FL 33831

City & State
23

City & State
28

Zip
24

Zip
29

Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, FRED P.
150 SOUTH WOODLAWN AVENUE
BARTOW FL 33803

81 Name
Mary Jo Smith
82 Street Address (P.O. Box Number is Not Acceptable)
2080 E. Main Street
83
84 City
Bartow
85 Zip Code
FL 33830

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 *Mary Jo Smith* 6/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | SMITH, FRED P. | |
| STREET ADDRESS | 150 S. WOODLAWN AVENUE | |
| CITY-ST-ZIP | BARTOW FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | P/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Mary Jo Smith | |
| 1.3 STREET ADDRESS | 2080 E. Main Street | |
| 1.4 CITY-ST-ZIP | Bartow, FL 33830 | |
| 2.1 TITLE | S/D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Susan S. Prevatt | |
| 2.3 STREET ADDRESS | 1285 S. Floral Avenue | |
| 2.4 CITY-ST-ZIP | Bartow, FL 33830 | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 *Mary Jo Smith* 6/25/97

CFR2E034 (9/96)