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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K38002

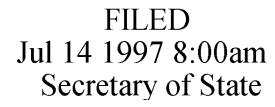
SMITH CONSTRUCTION COMPANY OF MARION, LEVY AND A LACHUA COUNTIES, INC.

Principal Place of Business

Mailing Address

108 NORTHEAST 6TH AVENUE

106 NORTHEAST 6TH AVENUE





WILLISTON FL	. 32090	WILLISTON FL 32696-21	146							
						3. Date Incorporated or Qualified 10/11/1988	1	ate of L /28/19		port
 	lace of Business	2a. Mailing Address				4, FEI Number		T.		plied For
21		26				59-2950648	59-2950648 N			
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired				idditional quired
City & State	e	City & State				Election Campaign Financing Trust Fund Contribution	ncing \$5.00 May Be Added to Fees			
Zip	Country	Zip	Co	uniry	-	8. This corporation has liability for	intavachla			
24	25	29	30	•			Yes [GCIS.	199.032,
	9. Name and Address of Curren	t Registered Agent		T		10. Name and Address of New Re				
SMI	TH, CEDRICK M., JR.			81	Name					
108 NORTHEAST 6TH AVENUE WILLISTON FL 32696				82	Street A	Address (P.O. Box Number is Not Acceptate	ole)			
₩IL	LISTON PL 32696			83						
 				84	City			85	Zip C	Code
44 5				لــــــــــــــــــــــــــــــــــــــ			<u>FL</u>			
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida, Such change was ations of, Section 607.0505, I	otes, the a s authorize Florida Sta	d by tutes	the corp s.	corporation submits this statement for the p oration's board of directors. I hereby accep	ot the app	ointme	nt as r	registered registered
	Signature typed or printed namic of registered age		OTE Registere	d Age	nt signature r	required when reinstaling)	DATE	_ _		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND			3 IN 12
TITLE	D	☐ DELETE	1.1 ĭ					Cha	ange	Addition
NAME	SMITH, CEDRICK M., JR.		1.2 N	AME.		JENNIE BANKS				
STREET ADORESS	ROUTE 1, BOX 350		1.3 S	TREET	ADORESS	570 NE 151 TERR	•			
CITY - ST - ZIP	MICANOPY FL	1.		IIY-S	ı - ZiP	WILLISTON, FL.				
TITLE	D DOWN A DOWN A D	X DELETE	2.1 T		-			L Cha	ange	Addition
NAME	PHILLIPS, DONNA C.		2.2 N		i					
STREET ADDRESS	640 NE 2 AVE		1		ADDRESS					
CITY-ST-ZIP	WILLISTON FL	□ otietr		HTY-S	1 - 71P		15.			
TITLE	D AND AND LIKE	☐ DELETE	3.1 T					L Cha	ange	Addition
NAME	KEMP, WILLIAM 3714 SE 80 ST		3.2 N							
STREET ADDRESS	OCALA FL				ADDRESS					
CITY-ST-ZIP TITLE	OCALA FL	DELETE	3.4. 0 4.1 T	HY-S	T-ZIP			Cha		Addition
NAME			4.21					L Una	rige	L_I Addition
STREET ADDRESS			ŀ		IDDOGGO					
CITY-ST-ZIP			1	-	ADDRESS	•				
TITLE		DELETE	4.4 C	11Y - \$1	I - ZIP			Cha	2000	Addition
NAME			5.1 N						uige	Addition
STREET ADDRESS			l l		ADDRESS					
CITY-ST-ZIP					ADDRESS					
TITLE		DELETE	6.1 TI	II Y - SI	- ZIP		· · · · · · ·	☐ Cha	nne	Addition
NAME			6.4 H					0118	iide	LT WOUNDIN
STREET ADDRESS					ADDUI CO					
					ADDRESS					
CITY - ST - ZIP			640	TY-SI	· ZIP					

14. Id one bready 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.