


FILED
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Secretary of State

04-14-1999 90216 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K38002

1. Corporation Name

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


Principal Place of Business	Mailing Address
106 NORTHEAST 6TH AVENUE WILLISTON FL 32696	106 NORTHEAST 6TH AVENUE WILLISTON FL 32696

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/11/1988

4. FEI Number

59-2950648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State

City & State

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9. Name and Address of Current Registered Agent

SMITH, CEDRICK M., JR.
106 NORTHEAST 6TH AVENUE
WILLISTON FL 32696

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
BANKS, JENNIE
570 NE 151 TERR
WILLISTON FL
NAME **D** ☐ DELETE
KEMP, WILLIAM
3714 SE 80 ST.
OCALA FL
TITLE **PRESIDENT** ☐ DELETE
SMITH, CEDRICK M., JR.
106 NE 6TH AVE
WILLISTON, FL 32696
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
SIGNATURE: **Cedrick M. Smith, Jr.** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/99

528-4438

CR2E034 (11/98)