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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

# K43361

(0)

SM COMPANY, INC. OF SARASOTA

**PONTE VEDRA BEACH FL 32082** 

					DO NOT WRITE IN THIS SPACE			
Principal Place of Business  116 OVERLOOK DRIVE PONTE VEDRA BEACH FL 32082 US		Mailing Address  116 OVERLOOK DRIVE PONTE VEDRA BEACH FL 32082 US						
					3. Date Incorporated or Qualified			
					11/04/1988			
2. Principal Place of Business		2a. Mailing A	2a. Mailing Address		4. FEI Number	Applied For		
21		26	26		58-1345965	Not Applicable		
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & St. <b>28</b>	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	Count <b>30</b>	itry	<ol> <li>This corporation owes or has paid the c Personal Property Tax due June 30.</li> </ol>	urrent year Intangible Yes  No		
9. Name and Address of Current Registered Agent				1	10. Name and Address of New Registered Agent			
	SAM, CHARRON S. OVERLOOK DR		L	Name Name Street Address	(P.O. Box Number is Not Acceptable)			

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. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

agent. i a	mitamiliar with, and accept the obligations of, So	ction 607.0505, Fig	orida Statutes.			
SIGNATURE	Signature, typed or purited native of registered againt and title if any	dicable (NOT	E. Angistered Agent signature require	d when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	IS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change	Addition
NAME	KISSAM, CHARRON S		1.2 NAME			
STREET ADDRESS	116 OVERLOOK DR		1.3 STREET ADDRESS			
CITY+ST-ZIP	PONTE VEDRA BEACH FL 32082		1.4 CITY+ST-ZIP			
TITLE	VD	DELETE	21 TITLE		Change	Addition
NAME	SHAW, MARK D.		2.2 NAME			
STREET ADDRESS	9900 PRESTON TRAIL W.		2.3 STREET ADDRESS			
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082		2 4 CITY-ST-ZIP			
TITLE	SD	DEL <b>ETE</b>	31 TITLE	•	Change	Addition
NAME	STOCK, SALLY		3.2 NAME	•		
STREET ADDRESS	322 SAN JUAN DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 3 2082		3.4. CITY-ST-ZIP			
TITLE	TD	DELETE	4.1 TITLE		☐ Change	Addition
NAME	KISSAM, WILLIAM P.		4. 2 NAME			
STREET ADDRESS	116 Overlook Drive		4.3 STREET ADDRESS			
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - ST - ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	<del></del>	☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
AT TIO						

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 eath; 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: Charam / Ernem! (CHARRON S. KISSAM) 3/20/08 904-273-8223

CR2E034 (10/97)

Zip Code

**FILED** 

Mar 25 1998 8:00am

Secretary of State