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

FILED Jan 20 1998 8:00am Secretary of State

1. Corpo	ONEN I ration Name DSMITH'S	# K/41 Of the south	,	(<i>1</i>)						
Principal Place of Business Mailing Address								DIA MINDAN NEUNAN MIN)	
JAMES C. VOSS JAMES C. VOSS										
5120 W BEAVER ST 5120 W 8				W BEAVER ST						
JACKSONVILLE FL 32254 US				JACKSONVILLE FL 32254 US			DO NOT WRITE IN THIS SPACE			
00			UO				3. Date Incorporated or Qualified 03/13/1989			
2. Princin	at Place of Busi	ness	2a. Mailing Add	2a. Mailing Address			4. FEI Number	I Ac	oplied For	
21			<u> </u>	26			59-2935339	⊢+ ÷	ot Applicable	
	Apt. #, etc.			Suite, Apt. #, etc.					Additional	
22			27				5. Certificate of Status Desired		equired	
City &	State		City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	
23			28				Trust Fund Contribution			
· ·	Zip Country		<u></u>	Zip Coun		4	8. This corporation owes or has paid the cu	<u> </u>		
24 25 9. Name and Address of Curren			29 29				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
			TOTAL TIOGRAM AND ALBORIA		81	Name	10. Hame Bill Realities of from Hogistorea	Agoin		
VOSS, JAMES C. 5120 W BEAVER ST										
JACKSONVILLE FL 32254					82	Street Add	ress (P.O. Box Number is Not Acceptable)			
UNCHOCKNICE I'E OFFICE					63	 				
					84	0		[] [
						City	FL	85 Zip (Code	
I office	or registered a _l . I am fa miliar w RE	gent, or b oth, in the S ith, an d a ccept the o	State of Florida. Such cha obligations of, Section 60	inge was autho 7.0505, Florida	rized by Statute:	y the corpora s.	poration submits this statement for the purpose of tion's board of directors. I hereby accept the app	of changing it pointment as	s registered registered	
	Signature, types		ed agent and title if applicable.			ent signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	O IN 40	
12.	OFFICERS AND DIRECTORS Delete				13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition	
NAME VOSS, JAMES C.				1.2 NAME				onange	Li Radillon	
STREET ADDRESS 5120 W BEAVER ST				1.3 STREET		ADDRESS			1	
CITY-ST-ZIP JACKSONVILLE FL				1.4 City		}			1	
TITLE					2.1 TITLE			Change	Addition	
NAME				2.2 NAN		-				
STREET ADDRESS					2.3 STREET	ADDRESS				
CITY-ST-ZIP					2. 4 CITY - :	ST-ZIP				
TITLE					3 1 TATLE			Change	Addition	
NAME] :	3.2 NAME					
Street adda	STREET ADDRESS] :	3.3 STREET	ADDRESS			}	
CITY-ST-ZIP					3.4. CITY - :	ST-ZIP		————		
TITLE					4.1 TITLE			☐ Change	☐ Addition	
NAME	1			. I	1. 2 NAME				1	
STREET ADDR	:55					ADDRESS				
CITY-ST-ZIP	 		J 1		A CITY-S	ST-ZIP		Change	Addition	
TITLE			£) L		5.1 TITLE			☐ Change	L MOUNDIN	
NAME CTREET ADDR	.00				5.2 NAME	ADDDECC				
STREET ADDRI	· >>				o a a sheet	ADDRESS				
CITY-ST-ZIP	1			I .	A DITU A	T 710				
TITLE			П		5.4 CITY - S	T- ZIP		Change	Addition	
TITLE NAME				DELETE (5.1 TITLE	T-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRI	ess			DELETE (5.1 TITLE 5.2 NAME	T-ZIP ADDRESS		☐ Change	Addition	

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 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.