
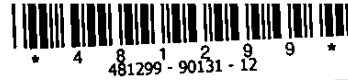


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90131 012 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N97000002997</b>					
1. Corporation Name <b>SMITH FAMILY FOUNDATION, INC.</b>					
Principal Place of Business <b>2511 COZUMEL DR. 6504 Bayshore Blvd. TAMPA FL 33618 33611</b>			Mailing Address <b>2511 COZUMEL DR. 6504 Bayshore Blvd. TAMPA FL 33618 33611</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/22/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3480833</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GORDON, BRUCE H 101 E. KENNEDY BLVD., STE. 2800 TAMPA FL 33602</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, BRUCE H	1.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 2800	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, E.J.	2.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 2800	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DARRELL C	3.2 NAME	
STREET ADDRESS	101 E. KENNEDY BLVD., STE. 2800	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 4/30/99 (813) 229-7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)