

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moftam</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT #** P00561  
 1. Corporation Name  
**Paul R. SMith Underwriting, Inc.**

Principal Place of Business <b>10451 Gulf Blvd.                  Treasure Island, FL                  33706                  US</b>	Mailing Address <b>P.O. Box 67008                  St. Petersburg, FL                  33736-7008                  US</b>
--	--

3. Date Incorporated or Qualified <b>01/12/84</b>	3a. Date of Last Report <b>1997</b>
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 PO BOX 67008 27 Suite, Apt. #, etc 28 City & State 29 Zip 30 Country
--	--

4. FEI Number <b>58-1537536</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**Gregory, William P.  
 715 Swann Ave.  
 Tampa, FL 33606**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent, or both, if applicable. (P.O. Box) Registered Agent signature required when registering.

12. OFFICERS AND DIRECTORS	
TITLE	PSD <input type="checkbox"/> DELETE
NAME	Smith, Paul R.
STREET ADDRESS	10451 Gulf Blvd.
CITY-ST-ZIP	Treasure Island, FL 33706
TITLE	AS <input type="checkbox"/> DELETE
NAME	Gregory, William P.
STREET ADDRESS	715 Swann Ave.
CITY-ST-ZIP	Tampa, FL 33606
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Paul R. Smith* Paul R. Smith 04-29-98 (813)367-6900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

900002520208  
 -05/12/98--01055--020  
 \*\*\*150.00