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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9200005098 1. Corporation Name

DONALD A. SMYTH, INC.

Principal Place of Business		Mailing Address						
102 NE ENTRADA AVE PORT ST LUCIE FL 34952 US		102 NE ENTRADA AVE PORT ST LUCIE FL 34952 US			DO NOT WRITE IN THIS SPACE			
00					3. Date Incorporated or Qualifed 11/15/1992			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	r
21		26			65-0358519		Not Applica	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5 Cartificate of Status Desired \$8.75 Additional			al [
22	· · · · · · · · · · · · · · · · · · ·	27			G. Certificate of Calaba Bosilico	Fe	e Required	
City & Stat	te	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution	Add	led to Fees	
Zip	Country		Country		8. This corporation owes the current year	-		
24	25	29 30			Personal Property Tax.	☐ Yes	□No	—
·	9. Name and Address of Current		- 04	Nt	10. Name and Address of New Registe	red Agent		
CHY			81	Name				
OMT)()	TH, DONALD A NE 34TH ST NO DE 34TH ST	Extendo AVR	82	Street Add	ress (P.O. Box Number is Not Acceptable)	•		\neg
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office or t	to the provisions of Sections 607.0502 registered agent, or both, in the State our familiar with, and accept the obligation.	' Florida. Such change was authori	ized by	the corporation	oration submits this statement for the purpos- on's board of directors. I hereby accept the a	e of changin opointment a	g its registered is registered	ea
SIGNATURE	Signature, typed or printed name of registered agent	and title if englished (NOTE: Panier	tered Agen	Leignature remuire	od when reinstating)			
12.	OFFICERS AND		13.	t aignature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRE	CTORS IN 1	2
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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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like ampowered.

6.4 C/TY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

FILED

Feb 05, 1999 8:00am

Secretary of State

02-05-1999 90008 015 ***150.00