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

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90035 050 ***150.00

DOCUMENT # **P92000012615**

1. Corporation Name
SMITH HOLDINGS, INC.

Principal Place of Business	Mailing Address
2544 BLAIRSTONE PINES DR. TALLAHASSEE FL 32301	P.O. BOX 1547 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1992

2. Principal Place of Business	2a. Mailing Address
21 1136 THOMASVILLE RD	26 1136 THOMASVILLE RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TALLAHASSEE FL	City & State 28 TALLAHASSEE FL
Zip 24 32303 Country 25	Zip 29 32303 Country 30

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MEYER, RONALD G
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: DOUGLAS W. SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 1136 THOMASVILLE ROAD
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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: Douglas W. Smith 1-15-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DOUGLAS W		1.2 NAME		
STREET ADDRESS	3042 HAWKS GLEN		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	AUSLEY, DAN MR		2.2 NAME		
STREET ADDRESS	217 JOHN KNOX ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		
TITLE	DST	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MEYER, RONALD G		3.2 NAME		
STREET ADDRESS	2544 BLAIRSTONE PINES DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SP

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Douglas W. Smith 1-15-98 8502227766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #