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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034128 (7)

SMITH MARKING, INCORPORATED

Principal Place	e of Business	Mailing Address	Mailing Address			- 1009/1646 HID 10100 JUNIF BANK BANKI		0139110001001	IEII: HODI
4305 MIDLAND RD SARASOTA FL 34231		4305 MIDLAND RD Sarasota Fl 34231-6528							
						3. Date Incorporated or Qualifie 05/07/1993		ate of Last Re /19/1996	врогt
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		þ	plied For
21		26				65-0409853			t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		\$8.75 A Fee Re	
City & State		City & State			6. Election Campaign Financing	<u> </u>	\$5.00	May Be	
23	A VIVIA AND THE PROPERTY OF TH	28	,			Trust Fund Contribution		Added t	
Ζφ	Country	Zıp				8. This corporation has liability			. 199.032,
24	25 25 Name and Address of Curre	29 Agent	30	т		Florida Statutes 10. Name and Address of New		∐ No Agent	
OTEC		in riegistered Agent		61	Name	IO. Hame and Address of Hotel	110gistoi va	Agoin	
STEPHEN F. VOIGT PA 2414 BEE RIDGE RD				20		(D.C. D. M			
	ASOTA FL 34239			62	Street Ac	ddress (P.O. Box Number is Not Accep	otable)		
5,				83		M14.784.4. A119.7. P.	***************************************		
				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the a	bove	-named co	orporation submits this statement for the	ne purpose o	of changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the oblic	e of Florida. Such chan ge v	vas authorize	d by	the corpo	ration's board of directors. I hereby ac	cept the ap	pointment as	registered
SIGNATURE		,	,						
OR TOTAL	Signature Typed or proced name of registered ag			d Age	nt signature re	quired when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS DELETE	13.	71.5		ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR Change	S IN 12 Addition
TIBLE	SMITH, KAREN J	C) beccie	1.2 N					L] Change	Addition
NAME STREET ADOPESS	4305 MIDLAND ROAD				ADDRESS				
011Y+\$1+2IP	SARASOTA FL								
TITLE	V DELETE			1.4 CITY - ST - ZIP 2.1 TITLE			•	Change	Addition
NAME	SMITH, JIM		2.2 N	2.2 NAME					
STREET ADDRESS	4305 MIDLAND ROAD		2.3 S	TREET	ADDRESS				
CITY-S1-7IP	SARASOTA FL			CITY-S	iT-ZIP				
TiTi (S	☐ DELETE						L. Change	Addition
NAME	SMITH, KAREN		3.2 N						
STREET ADDRESS	4305 MIDLAND ROAD SARASOTA FL				ADDRESS				
CHY+S1+ZIP TIFLE	T	DELETE		CITY-S	ST - ZIP	······································		Change	Addition
NAME	SMITH, KAREN J	L. DELETE		IAME				0.2go	7,007,007
STREET ADDRESS	4305 MIDLAND ROAD				ADDRESS				
CITY - ST - ZIP	SARASOTA FL			ITY - S	1				
TITLE		DELETE						Change	Addition
NAME			5.2 N	AME	1				
STREET ADDRESS			5.3 S	TREET	ADDRESS				
CHY-ST-ZIP				ITY - S	T - ZIP		·····		
TITLE		☐ DELETE						☐ Change	Addition
NAME			6.2 N						
STREET ADDRESS			6.3 S	TREET	ADDRESS				

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 conformation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if planged, or on an attachment with an address.

Smith

SIGNATURE:

2/26/97

941/924-7791

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FILED

Mar 03 1997 8:00am

Secretary of State