


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

FILED
Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000034128 (7)
1. Corporation Name
SMITH MARKING, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 4305 MIDLAND RD, SARASOTA FL 34231
Mailing Address: 4305 MIDLAND RD, SARASOTA FL 34231

3. Date Incorporated or Qualified: 05/07/1993

2. Principal Place of Business: 4536 BAYCEDAR LN., SARASOTA FL
2a. Mailing Address: 4536 BAYCEDAR LN., SARASOTA FL
23. City & State: SARASOTA FL
24. Zip: 34241

4. FET Number: 65-0409853
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: STEPHEN F. VOIGT PA, 2414 BEE RIDGE RD, SARASOTA FL 34239

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|-----------------------------------|---------------------------------|
| TITLE: P | <input type="checkbox"/> DELETE |
| NAME: SMITH, KAREN J | |
| STREET ADDRESS: 4305 MIDLAND ROAD | |
| CITY-ST-ZIP: SARASOTA FL | |
| TITLE: V | <input type="checkbox"/> DELETE |
| NAME: SMITH, JIM | |
| STREET ADDRESS: 4305 MIDLAND ROAD | |
| CITY-ST-ZIP: SARASOTA FL | |
| TITLE: S | <input type="checkbox"/> DELETE |
| NAME: SMITH, KAREN | |
| STREET ADDRESS: 4305 MIDLAND ROAD | |
| CITY-ST-ZIP: SARASOTA FL | |
| TITLE: T | <input type="checkbox"/> DELETE |
| NAME: SMITH, KAREN J | |
| STREET ADDRESS: 4305 MIDLAND ROAD | |
| CITY-ST-ZIP: SARASOTA FL | |
| 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 | |
|---|--|
| 1.1 TITLE: P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME: KAREN J. SMITH | |
| 1.3 STREET ADDRESS: 4536 BAYCEDAR LN. | |
| 1.4 CITY-ST-ZIP: SARASOTA FL 34241 | |
| 2.1 TITLE: V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME: JAMES T. SMITH | |
| 2.3 STREET ADDRESS: 4536 BAYCEDAR LN | |
| 2.4 CITY-ST-ZIP: SARASOTA, FL 34241 | |
| 3.1 TITLE: S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME: KAREN J. SMITH | |
| 3.3 STREET ADDRESS: 4536 BAYCEDAR LN | |
| 3.4 CITY-ST-ZIP: SARASOTA FL 34241 | |
| 4.1 TITLE: T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME: KAREN J. SMITH | |
| 4.3 STREET ADDRESS: 4536 BAYCEDAR LN. | |
| 4.4 CITY-ST-ZIP: SARASOTA FL 34241 | |
| 5.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME: | |
| 5.3 STREET ADDRESS: | |
| 5.4 CITY-ST-ZIP: | |
| 6.1 TITLE: | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME: | |
| 6.3 STREET ADDRESS: | |
| 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen J. Smith* KAREN J SMITH 1/7/98 941-924-7791

CR2E034 (10/97)