PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000014476

1. Corporation Name

E.W. SMITH AGENCY OF FLORIDA, INC.

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90016 017 ***400.00 07-14-1999 90016 018 ***150.00



								E HOOKINGE HIN KANKE NIBH ABIHK DAI			DII (8818 8111 1881	
Principal Place	e of Business	Maili	ng Address				i					
5117 26TH STR			26TH STREET WES	īT			- 1					
BRADENTON FL 34207 BRADENTON FL 34207								DO NOT WRITE IN THIS SPACE				
							3. [Date Incorporated or Qualifed				
							1 .	02/22/1994			Į	
2. Principal P	lace of Business	2a. N	Mailing Address					El Number			Applied For	
21		26	-				1 (65-0457067			Not Applicable	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					Partitionts of Ptatus Designed		\$8.75	5 Additional	
22		27					3. \	Certificate of Status Desired	<u> </u>	Fee	Required	
City & State	9		City & State				6. 6	Election Campaign Financing		\$5.0	0 May Be	
23	<u> </u>	28		<u> </u>				Frust Fund Contribution		Adde	d to Fees	
Zip	Country	Z	Cip .		ntry		1	This corporation owes the curre				
24	25	29		30	,			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre	ent Registe	red Agent		81	Name	10.	Name and Address of New R	egistered /	<u>sgent</u>		
Will	COX, DAVID W ESQ.				0'	Name						
308 13TH STREET WEST					82	Street Add	Address (P.O. Box Number is Not Acceptable)					
BRADENTON FL 34205				83								
, Divi	DENTON 1 E 04200				83							
					84	City			FL	85 Zi	ip Code	
41 Pursuant	to the provisions of Sections 607.05	502 and 607	1508 Florida Stat	lutes the a	bove	e-named cor	rporation	submits this statement for the	ournose of o	hanging	its registered	
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida.	. Such change was	authorized	i bv	the corporat	tion's boa	and of directors. I hereby accept	t the appoin	tment as	registered	
SIGNATURE	the fall man that, and accept me cong	,										
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if a	pplicable (NO	TE: Registered	Agen	it signature requi			DATE			
12.	OFFICERS A	ND DIREC		13.			A	DDITIONS/CHANGES TO OFF	FICERS AN			
TITLE	D		☐ DELETE	1.1 Π	TLE					Chang	ge	
NAME	REAGAN, RONALD P			12 N	3MA						II.	
STREET ADDRESS	5117 26TH STREET WEST			1.3 51	REET	TADDRESS					i	
CITY-ST-ZIP	BRADENTON FL 34207				TY-ST	T- ZIP					T Addition	
TITLE			☐ DELETE	2.1 17	TLE					Chang	ge	
NAME				2.2 N	AME						İ	
STREET ADDRESS				2.3 \$	TREET	T ADDRESS						
CITY-ST-ZIP						ST-ZIP				500		
TITLE	and the same of th		☐ DELETE	3.1 TI			_	_		Chang	ge	
NAME	- -	_		3.2 N	AME	1	_	_				
STREET ADDRESS				3.3 \$	REET	TADORESS						
CITY-ST-ZIP						iT-ZIP						
TITLE			☐ DELETE	4.1 ₹[Į				Chang	ge Addition	
NAME				4.2 N	AME							
STREET ADORESS				4.3 ST	REET	T ADDRESS					•	
CITY-ST-ZIP				4.4 CI	TY-\$1	T-ZIP						
TITLE			☐ DELETE	1 5.1 TI		j				☐ Chang	ge Addition	
NAME				5.2 N		-						
STREET ADDRESS						T ADDRESS					Ì	
CITY-ST-ZIP					TY-\$1	T-ZIP				<u> </u>		
TITLE			☐ DELETE	6.1 TI	πε					Chang	ge	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 S	TREET	TADDRESS						
CITY-ST-ZIP				6.4 C	TY-S	T-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 of 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 judstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charges, or on an attacyfrient with an address, with all other like empowered.

SIGNATURE: