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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P94000034252 (4)

R.E. SMITH & SONS, INC.

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Principal Place of Business Mailing Address 183 BROOKSIDE COURT PALM HARBOR FL 34583 183 BROOKSIDE COURT PALM HARBOR FL 34683-5349 3a. Date of Last Report 3. Date Incorporated or Qualified 05/06/1994 04/26/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3244451 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, MARK J 183 BROOKSIDE COURT 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34683 В3 84 City 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. 12. OFFICERS AND DIRECTORS DELETE TITLE 1.1 TITLE ■ Addition SMITH, MARK J NAME 1.2 NAME 2131 RIDGE RD 95 STREET ADDRESS 1.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 1.4 CITY-ST-ZiP DELETE TITLE ☐ Change Addition 2.1 TITLE SMITH, ROBERT NAME 2.2 NAME 2217 REAUSLIC DR STREET ADDRESS 2.3 STREET ADDRESS **PALM HARBOR FL** CITY-ST-ZIP 2. 4 CHY-ST-ZIP UP Smith ALAN 2131 RIDSC. RD. HIOS LAUGO FL. ☐ Addition TITLE 311IILE SMITH, ALICE NAME 3.2 NAME WKINT 2131 RIDGE RD., #105 STREET ADDRESS 3.3 STREET ADDRESS LARGO FL CITY-ST-ZIP 3.4. CHY-\$1 - ZIP DELETE Change Addition TITLE 4 1 TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CHTY-ST-7IP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 6.111116 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statules, 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 eath, that I am an officer or director of the corporation or the received in 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 all chiment with an address

MAJKS Smith