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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000038685 (1)

FRANK W. SMITH AND ASSOCIATES, INC.

Feb 11 1998 8:00am Secretary of State

Principal Place of Business 2212 SE 26 ST CAPE CORAL FL 33904		Mailing Address 2212 SE 26 ST CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2 Principal Pi	face of Business	2a. Mailing Address		05/18/1994 4. FEt Number	Maribal Far
21 2781 VIA LA QUINTA		26 2781 VIA LA QUINTA			Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.	QUINTA	54-1354947	SQ 75 Additional
22 MIBITIARYERS		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 NORTH FORT MYERS, FL		28 NORTH FORT M	NERS, FL.		Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24 3391		L	O LEE	Personal Property Tax due June 30	. 🔼 Yes 🗌 No
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMITH, FRANK W 2212 SE 26 ST			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
CAPE CORAL FL 33904				VIA LA QUINTI	4
63					
			84 City	TH FORT MYERS	FL 85 Zip Code 339/7
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above-named corp	poration submits this statement for the purp	ose of changing its registered
agent. I a	egistered agent, or both, in the State of military with, and accopt the obligat	ions of, Section 607,0505, Flori	da Statutes.	tion's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE	Frank W. Im	**			2/5/80
	Significial typed or printed name of registered agent		Registered Agent signature requi		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1 1 TITLE		Change Addition
NAME	SMITH, FRANK W		1.2 NAME		
STREET ADDRESS	2212 SE 26 ST		1.3 STREET ADDRESS &	781 WA LA QUINT	
CITY-ST-ZIP	CAPE CORAL FL 33904		1.4 CITY-ST-ZIP	DRTH FORT MYERS, FL	
TITLE	D	☐ DELETE	2.1 TELE	•	Change Addition
NAME	SMITH, PATRICIA S		2.2 NAME	and the second	
STREET ADDRESS	2212 SE 26 ST		200	181 VIA LA QUINTA	
CITY - ST - ZIP	CAPE CORAL FL 33904		2. 4 DITY-ST-ZIP YO	RTH FORT MYERS FL	339/7
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELFTE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		

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 13 if changed, or on an attachment with an address.

4.3 STREET ADDRESS 4.4 CITY - ST- ZIP

5 3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELFTE

DELETE

☐ Change

___ Addition

Addition