

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

FILED

Feb 02 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 # P94000072515 (7)

1. Corporation Name
J. SMITH MARKETING, INC.

Principal Place of Business:

1100 CLEVELAND ST.
SUITE 822
CLEARWATER FL 34615

Mailing Address:

1100 CLEVELAND ST.
SUITE 822
CLEARWATER FL 34615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1994

4. FEI Number

59-3273657

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARK, THOMAS E
1100 CLEVELAND STREET, SUITE 822
CLEARWATER FL 34615

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 607.1505, 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

Signature, typed or printed name of registered agent and title if applicable

Signature, typed or printed name of registered agent and title if applicable

DATE

12. OFFICERS AND DIRECTORS

11 TITLE P
12 NAME CLARK, THOMAS E.
13 STREET ADDRESS 1100 CLEVELAND ST., SUITE 822
14 CITY-STATE-ZIP CLEARWATER FL 34615

15 TITLE ☐ DELETE
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP

19 TITLE ☐ DELETE
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP

23 TITLE ☐ DELETE
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP

27 TITLE ☐ DELETE
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

31 TITLE ☐ DELETE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

35 TITLE ☐ DELETE
36 NAME
37 STREET ADDRESS
38 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY-STATE-ZIP

19 TITLE ☐ Change ☐ Addition
20 NAME
21 STREET ADDRESS
22 CITY-STATE-ZIP

23 TITLE ☐ Change ☐ Addition
24 NAME
25 STREET ADDRESS
26 CITY-STATE-ZIP

27 TITLE ☐ Change ☐ Addition
28 NAME
29 STREET ADDRESS
30 CITY-STATE-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 change is made or an attachment with an address.

SIGNATURE:

Thomas E. Clark

THOMAS E. CLARK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

0395773

CR2E034 (10-97)