

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90062 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P94000087854**

1. Corporation Name
SM-PRUDENTIAL, INC.



Principal Place of Business Mailing Address
351 6TH AVE W **351 6TH AVE W**
BRADENTON FL 34205 **BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1994

2. Principal Place of Business 2a. Mailing Address
 21 **9021 Town Center Pkwy** 28 **9021 Town Center Pkwy**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 City & State 27 City & State
BRADENTON, FL **BRADENTON, FL**
 Zip Country 29 Zip Country
34202 **Manatee** **34202** **Manatee**

4. FEI Number Applied For
65-0573718 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
~~NEWSOME, JOHN S~~
~~351 6TH AVE W~~
~~BRADENTON FL 34205~~

10. Name and Address of New Registered Agent
 81 Name **Kimberly L. GRAUS**
 82 Street Address (P.O. Box Number is Not Acceptable)
9021 Town Center Pkwy
 83
 84 City **BRADENTON** FL 85 Zip Code **34202**

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 *Kimberly L. Graus* **Kimberly L. GRAUS** **3-30-99**
Signature, typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWSOME, JOHN S	
STREET ADDRESS	351 6TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDMONDSON, LOUIS E	
STREET ADDRESS	351 6TH AVE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	DOYLE, MICHAEL J	
STREET ADDRESS	351 6TH AVENUE WEST	
CITY-ST-ZIP	BRADENTON 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, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Newsome John S.	
1.3 STREET ADDRESS	9021 Town Center Pkwy	
1.4 CITY-ST-ZIP	BRADENTON, FL 34202	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edmondson, Louis E.	
2.3 STREET ADDRESS	9021 Town Center Pkwy	
2.4 CITY-ST-ZIP	BRADENTON, FL 34202	
3.1 TITLE	V, S, T, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Doyle, Michael J.	
3.3 STREET ADDRESS	9021 Town Center Pkwy	
3.4 CITY-ST-ZIP	BRADENTON, FL 34202	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GRAUS, Kimberly L.	
4.3 STREET ADDRESS	9021 Town Center Pkwy	
4.4 CITY-ST-ZIP	BRADENTON, FL 34202	
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, with all other like empowered.

SIGNATURE: *Michael J. Doyle* **Michael J. Doyle** **3-30-99** **(941) 747-8788**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)