

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

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

04-26-1999 90062 024 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P95000013234

1. Corporation Name
SM-PLAZA, INC.

Principal Place of Business

351 6TH AVE W
BRADENTON FL 34205

Mailing Address

351 6TH AVE W
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/16/1995

4. FEI Number

65-0573702

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 9021 Town Center Pkwy

Suite, Apt. #, etc.

23 City & State

BRADENTON, FL.

24 Zip

34202

25 Country

MANATEE

2a. Mailing Address

26 9021 Town Center Pkwy

Suite, Apt. #, etc.

28 City & State

BRADENTON, FL.

29 Zip

34202

30 Country

MANATEE

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

84 City

BRADENTON, FL.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME NEWSOME, JOHN S
STREET ADDRESS 351 6TH AVE W
CITY-ST-ZIP BRADENTON FL 34205

TITLE D ☐ DELETE

NAME DOYLE, MICHAEL J
STREET ADDRESS 351 6TH AVE W
CITY-ST-ZIP BRADENTON FL 34205

TITLE D ☐ DELETE

NAME EDMONDSON, LOUIS
STREET ADDRESS 351 6TH AVE W
CITY-ST-ZIP BRADENTON FL 34205

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, D
Newsome, John S.
9021 Town Center Pkwy
BRADENTON, FL. 34202

2.1 TITLE

VP, S, T, D
Doyle, Michael J.
9021 Town Center Pkwy
BRADENTON, FL. 34202

3.1 TITLE

VP, D
Edmondson, Louis E.
9021 Town Center Pkwy
BRADENTON, FL. 34202

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *Kimberly L. Graus* *Michael J. Doyle* *3-30-99* *(941) 747-8788*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)