

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000045798 (2)

1. Corporation Name  
SMITH TECHNICAL SERVICES, INC.

FILED

98 JUN 26 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
17 SOUTHERN CROSS CIRCLE  
SUITE 108  
BOYNTON BEACH FL 33424

Mailing Address  
17 SOUTHERN CROSS CIRCLE  
SUITE 108  
BOYNTON BEACH FL 33436-6786

3. Date Incorporated or Qualified  
06/13/1995

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business  
21 4268 Frances Dr  
Suite, Apt. #, etc.

2a. Mailing Address  
26 SAME  
Suite, Apt. #, etc.

4. FEI Number  
65-0617825

Applied For  
Not Applicable

22 City & State  
23 Delray Beach FL

27 City & State  
28

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33445  
25 Palm Bch

29 Zip  
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JURGENS, J A  
1555 HOWELL BRANCH RD  
WINTER PARK FL 32789-1109

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 505 Wekiva Springs Rd.  
84 Suite 200  
85 City  
Longwood FL 32779

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 *[Signature]* DATE 6/15/98

12. OFFICERS AND DIRECTORS

|                |                        |        |
|----------------|------------------------|--------|
| TITLE          | D                      | DELETE |
| NAME           | SMITH, PAMELA W        |        |
| STREET ADDRESS | 6048 SUNBERRY CIRCLE   |        |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33407 |        |
| TITLE          | D                      | DELETE |
| NAME           | SMITH, PATRICK G       |        |
| STREET ADDRESS | 6048 SUNBERRY CIRCLE   |        |
| CITY-ST-ZIP    | BOYNTON BEACH FL 33407 |        |
| 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          | Smith Patrick G. | Change | Addition |
| 1.2 NAME           | 4268 FRANCES DR  |        |          |
| 1.3 STREET ADDRESS | Delray Beach, FL |        |          |
| 1.4 CITY-ST-ZIP    | 33445            |        |          |
| 2.1 TITLE          |                  | Change | Addition |
| 2.2 NAME           |                  |        |          |
| 2.3 STREET ADDRESS |                  |        |          |
| 2.4 CITY-ST-ZIP    |                  |        |          |
| 3.1 TITLE          |                  | Change | Addition |
| 3.2 NAME           |                  |        |          |
| 3.3 STREET ADDRESS |                  |        |          |
| 3.4 CITY-ST-ZIP    |                  |        |          |
| 4.1 TITLE          |                  | Change | Addition |
| 4.2 NAME           |                  |        |          |
| 4.3 STREET ADDRESS |                  |        |          |
| 4.4 CITY-ST-ZIP    |                  |        |          |
| 5.1 TITLE          |                  | Change | Addition |
| 5.2 NAME           |                  |        |          |
| 5.3 STREET ADDRESS |                  |        |          |
| 5.4 CITY-ST-ZIP    |                  |        |          |
| 6.1 TITLE          | 02-27-98         | Change | Addition |
| 6.2 NAME           | 92674 020        |        |          |
| 6.3 STREET ADDRESS |                  |        |          |
| 6.4 CITY-ST-ZIP    |                  |        |          |

REINSTATEMENT

400002578214-1  
-07/01/98--01100--022  
\*\*\*735.00 \*\*\*735.00

14. I do 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.

SIGNATURE *[Signature]* DATE 2/19/98

CR2E034 (9/96)