

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

FILED
May 08 1997 8:00am
Secretary of State

DOCUMENT # P95000068996 (4)

1. Corporation Name
JACQUELIN SMITH DESIGNS, INC.

Principal Place of Business:

4693 28 ST. NORTH
ST. PETERSBURG FL 33714

Mailing Address:

4693 28 ST. NORTH
ST. PETERSBURG FL 33714

2. Principal Place of Business:

21 4699 28 ST. NORTH
Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26. Mailing Address:

26 4699 28 ST. NORTH
Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JACQUELIN SMITH KIMER
4693 28 ST. NORTH
ST. PETERSBURG FL 33714

3. Date Incorporated or Qualified
09/07/1995

3a. Date of Last Report
04/29/1996

4. FEI Number
59-3369417

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 has liability for intangible tax under s. 193.032
Florida Statutes. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (If O. Box Number Is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.05(2) and 607.16(8), 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. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Sections 607.05(2) and 607.16(8) Florida Statutes.

SIGNATURE

Signature of Officer or Director of Corporation

Signature of Registered Agent

OFFICERS AND DIRECTORS

12.

101 D ☐ DELETE

NAME SMITH KIMER, JACQUELIN
STREET ADDRESS 4693 28 ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

102 D ☐ DELETE

NAME KIMER, THEODORE R JR.
STREET ADDRESS 4693 28 ST. NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33714

103 ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101 ☐ Change ☐ Addition

102 NAME 4699 28 ST. NORTH

103 STREET ADDRESS

104 CITY-ST-ZIP

105 ☐ Change ☐ Addition

106 NAME

107 STREET ADDRESS 4699 28 ST. NORTH

108 CITY-ST-ZIP

109 ☐ Change ☐ Addition

110 NAME

111 STREET ADDRESS

112 CITY-ST-ZIP

113 ☐ Change ☐ Addition

114 NAME

115 STREET ADDRESS

116 CITY-ST-ZIP

117 ☐ Change ☐ Addition

118 NAME

119 STREET ADDRESS

120 CITY-ST-ZIP

121 ☐ Change ☐ Addition

122 NAME

123 STREET ADDRESS

124 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with amendments.

SIGNATURE:

Jacqueline Smith Kimer 29-Apr-97 813.625.1769