

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

**FILED**  
**Jun 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P95000082996 (6)**  
 1. Corporation Name  
**CHARLES SMITH, INC.**



Principal Place of Business <b>3615 HAVENDALE BLVD. WINTER HAVEN FL 33881 US</b>	Mailing Address <b>P.O. BOX 3174 WINTER HAVEN FL 33885 US</b>
---	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>220 Eagle Lake Loop Rd.W</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P. O. Box 235</b> Suite, Apt. #, etc.
22 City & State 23 <b>Winter Haven, FL</b>	27 City & State 28 <b>Eagle Lake, FL</b>
24 Zip <b>33880</b> 25 Country <b>Polk- USA</b>	29 Zip <b>33839</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>10/26/1995</b>	
4. FEI Number <b>65-0628529</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BENTLEY, RAYMOND O  
 3615 HAVENDALE BLVD.  
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent  
 81 Name **Charles C. Smith**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**220 Eagle Lake Loop Road West**  
 83  
 84 City **Winter Haven** FL 85 Zip Code **33880**

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 *Charles C. Smith* DATE **April 23, 1998**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENTLEY, RAYMOND O P.O. BOX 3174 WINTER HAVEN FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>Director Robert C. Turner P.O. Box 1235 3333 Dundee Road Eagle Lake, FL 33999 Winter Haven FL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, CHARLES C P.O. BOX 3174 WINTER HAVEN FL</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Director Charles C. Smith 220 Eagle Lake Loop Rd. West Winter Haven, FL 33880</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>33884</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100002549891**  
**-06/05/98--01103--042**  
**\*\*\*150.00**

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

SIGNATURE: *Charles C. Smith* 4-23-98 941-967-0702

CR2E034 (10/97)