

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90111 020 ***150.00

DOCUMENT # P95000093900

1. Corporation Name
SMITH & SON FRAMING, INC.

Principal Place of Business

513 MINNESOTA AVE.
LYNN HAVEN FL 32444

Mailing Address

513 MINNESOTA AVE.
LYNN HAVEN FL 32444



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/08/1995

4. FEI Number

59-3348283

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

9. Name and Address of Current Registered Agent

SMITH, CRAIG E
513 MINNESOTA AVE.
LYNN HAVEN FL 32444

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	SMITH, CRAIG E.	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	513 MINNESOTA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	1.4 CITY-ST-ZIP	
ST	SMITH, STACEY	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	513 MINNESOTA AVE.	2.1 TITLE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		6.1 TITLE	
		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:

Stacey Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

850-271-8260
Daytime Phone #

CR2E034 (11/98)