

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

1. Corporation Name

**HERRICK-SMITH GROUP PHASE II, INC.**

Principal Place of Business

Mailing Address

320 N. CENTRAL AVENUE  
OVIEDO FL 32765

320 N. CENTRAL AVENUE  
OVIDO FL 32765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1996

4. FEI Number

Applied For

Not Applicable
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### 5. Certificate of Status Desired

**\$8.75** Additional

**\$5.00** May Be

**Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

☐ Yes      ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RALPH  
320 N. CENTRAL AVENUE  
OVIDO FL 32765

Name JOHN W. HERRICK

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

FL

85	Zip Code 3276
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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

2000

(NOTE: Registered Agent signature required when reinstating.)

[2A18]

12.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPS
NAME	SMITH, RALPH
STREET ADDRESS	320 N. CENTRAL AVENUE
CITY - ST - ZIP	OVIDO FL 32765

TITLE	VP
NAME	SMITH, CODY
STREET ADDRESS	320 N. CENTRAL AVENUE
CITY - ST - ZIP	OVIEDO FL 32765

TITLE	P
NAME	HERRICK, JOHN
STREET ADDRESS	320 N. CENTRAL AVENUE
CITY - ST - ZIP	OVIEDO FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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 of the filer 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 as an attachment with an address.

**SIGNATURE:**

C-78-98

407-366-2855 ext 11

CB2E034 (10/97)