## 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 # P9600008804 (2)

SMITH & ASSOCIATES, GENERAL CONTRACTORS, INC.

## **FILED** Apr 28 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  356 W 9 MILE RD 356 W 9 MILE RD									
PENSACOLA F		PENSACOLA FL 32534	-1818						
					3. Date Incorporated or Qualified 01/29/1996	<b>3a.</b> Da	ate of La	ast Repo	rt
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 59-3340705	5 Applied For Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution				
Zip <b>24</b>	Country 25	Ζιρ 29	Coun	lry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	Registered	Agent		
	SS, BRIAN D		8	31 Name					
	8 FRONT BEACH RD IAMA CITY BEACH FL 32407		82		ldress (P.O. Box Number is Not Acceptable)				
			8	3					
				64 City		FL	.	Zip Code	
i <b>o</b> mceori	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	rat Florida, Such ebaccia w	ge gulborizadi.	by the corner	poration submits this statement for the ation's board of directors. I hereby acc	purpose of ept the app	chang ointmer	ing its regi it as regi	gistered istered
SIGNATURE	Signature, typed or printed name of registered age				ilfed when reinstaneg)				
12.		D DIRECTORS	NOTE: Registered 7	tgent aignature requ	ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIREC	TORS IN	1 12
TITLE	D	DELETE	11100	T T	7,0011101101011111111111111111111111111	OLIIO MINE	Cha		Addition
name	SMITH, TERRY		1.2 NAM	E					
STREET ADDRESS	356 W 9 MILE RD		1.3 STRE	.ET ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32534	······	14 CITY	- ST - ZiP					
TITLE		☐ DELETE	2 1 TITLE				[] Cha	nge	] Addition
NAME			2.2 NAM						
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY 3.1 TITLE	(-ST-ZIP			Cha	200	Addition
NAME		[_] tuttit	3.2 NAM				TI CHA	nge <u>L</u>	1 Worlings
STREET ADDRESS				E1 ADORESS					
CITY-ST-ZIP				7- S1- ZIP					
TITLE		DELETE	4.1 TOLE			<del></del>	Cha	nge	Addition
NAME			4 2 NAW	11				_	-
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY	- S1 - 7IP					1
TITLE		DELETE	5.1 TITLE				Cha	nge	Addition
NAME .			5.2 NAM	E					J
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY	- ST - ZIP					
TITLE		☐ DELETE	6 1 TITLE				Cha	nge	Addition
NAME			6.2 NAM						
STREET ADDRESS			€3 STRE	ET ADDRESS					
CITY-ST-ZIP			6.4 CITY						
14. I do heret	by <b>certify that the information supplied</b>	d with this filipo does not bu	ial fy for the ex	comption state	d in Section 119 07(3)(i). Florida Statut	oe Ufurthor	cortifu	that the	

information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the same logal 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.