## 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

P9600008804 DOCUMENT # 1. Corporation Name

Smith + associates, General Contractors, Inc.

Principal Place of Business

May 17, 1999 8:00 am Secretary of State

05-17-1999 90012 009 \*\*\*150.00

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Pensacolo, Fi 32526 Pensacolo, Fi 32526			DO NOT WRITE IN THIS SPACE		
Pineacola, F. 32526	Pincacia	7 3	<b>አ</b> ግ	3. Date Incorporated or Qualifed	
100 300000	[Daylocoo!	<u> </u>	474	1-29-96	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3360705	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip Country 25	Country Zip Country 30			8. This corporation owes the current year Personal Property Tax.	Intangible No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
Brian Hess			Name		
9018 Front Beach Rd. Panama City. FL 32407		82	82 Street Address (P.O. Box Number is Not Acceptable)		
		83			
D. 1. 1. 22400		84			11 - 0.4
ranama cry. 10 01001			City	<u>_</u>	Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obliga</li> </ol>	of Florida. Such change was author	orized by th	named corpor e corporation	ation submits this statement for the purpose is board of directors. I hereby accept the app	of changing its registered cointment as registered
SIGNATURE Signature, typed or printed name of registered age	nt and title if applicable (NOTE: Rec	istered Agent s	ignature required w	when reinstating) DATE	
				ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12

Change Addition ☐ DELETE 1.1 TITLE TITLE President 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE Change TITLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY#3T-ZiP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

6.4 CITY-ST-ZIP

SIGNATURE: -

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)