FILED Feb 20, 1999 8:00 am

Secretary of State

02-20-1999 90104 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000028433

CHARLES SMITH VAULT CO., INC.

| Principal Place of Business | | | Mailing A | Mailing Address | | | | | t imparent ira saisa nisit mõita entit akite katien liddi (dist nindh (i)00)15) (00) | | | | | | | | |
|--|---|--------------------------|--|-------------------|------------|-------|--------------|-------------|---|-------------|-------------|---------|-------------|--------|---|--------|------------|
| 702 N CARYVILLE RD BONIFAY FL 32425 | | | 702 N CARYVILLE RD BONIFAY FL 32425 | | | | | | | | | | | | | | |
| | | | | | | | | | | | DO NO | T WRI | TE IN T | HIS SE | PACE | | |
| | | | | | | | | Γ | 3. Date | Incorpora | ed or Q | ualifed | | | | | |
| | | | | | | | | | 03/2 | 6/1996 | | | | | | | |
| | Place of Business | | 2a. Mailin | g Address | - | | - | | 4. FEI N | umber_ | | | | ٠. | | Appl | ied For |
| 21 | | | 26 | | | | | 1 | 59-3 | 373590 | 1 | ' | | | П | Not | Applicable |
| Suite, Apt. | . #, etc. | | Suite, | Apt. #, etc. | | | | | E Cortif | cate of St | ntus Das | .: | | | \$8.7 | 5 Ad | ditional |
| 22 | | | 27 | | | | | | 5. Cerui | cate or St | atus Des | irea | | | | Req | |
| City & Star | te | • | City & | State | | | | | 6. Electi | on Campa | ign Fina | ncing | | | \$5.0 | 00 M | lav Be |
| 23 | <u> </u> | | 28 | | | | | | | Fund Cor | _ | • | | | • | ed to | |
| Zip | (| Country | Zip | | Cou | ntry | | | 8. This c | orporatio | owes t | he curr | ent vear | Intano | ible | | |
| 24 | 25 | · | 29 | | 30 | | | | | nai Prope | | | , | | Yes | | No |
| | 9. Name and | Address of Curre | nt Registered A | gent | | | | 1 | 0. Name | and Add | iress of | New F | Register | ed Ag | ent | | |
| Char | TU CUADITO | | | | | 81 | Name | | | | | | _ | | | | |
| SMITH, CHARLES | | | | | | | Ctroot | A d d ==== | (D.O. D. | x Number | . !- B1-4 4 | | | | | | |
| 702 N CARYVILLE RD | | | | | | | Street | Addiess | (F.O. BO | x murriber | IS NOT A | чссерга | ibie) | | | | |
| BONIFAY FL 32425 | | | | | | | | | | | | | | | • | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | 84 | City | | | | | | F | :1 | 35 Z | ip Co | de |
| 11. Pursuant | to the provisions o | of Sections 607.05 | 02 and 607.1508 | , Florida Statute | es, the at | oove | -named | corporat | ion subm | ts this sta | tement 1 | or the | | -4 -1 | naina | its re | aistered |
| I OHICE OLI | registered agent, o im familiar with, an | r Dour. In the Siale | torena Such | change was at | ITHORIZAC | DIV. | ከል ሶለጥሪ | oration's | board of | directors. | I hereby | accep | t the ap | pointm | ent as | regis | tered |
| SIGNATURE | | e Leady the oblig | andrio 01, 000ttol | 001.0000, 1101 | ida Statu | ncs. | | | | | | | | | | | |
| SIGNATURE | Signature, typed or print | ed name of registered ag | ent and title if applicable | (NOTE: | Registered | Agent | signature re | enuired whe | n reinstating | | | | DATE | | | | |
| 12. | | OFFICERS A | ND DIRECTORS | | 13. | | | | | ONS/CHA | NGES 1 | O OFF | | AND f | IREC | TOR | S IN 12 |
| TITLE | PS | | | DELETE | 1.1 TITI | LE | | | | | | 0 | 102.10 | |] Chan | | Addition |
| NAME | CHARLES SMI | TH | | | 1.2 NA | ME | İ | | | | | | | _ | | ,- | |
| STREET ADDRESS | 702 N CARYVI | LLE RD | | | 13 ST | REET | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | BONIFAY FL | | | | 1.4 CIT | | | | | | | | | | | | |
| TITLE | | | | DELETE | 2.1 TITI | | -211 | | | | | | | | Chang | 10 | Addition |
| NAME | | | | | 2.2 NA | | | | | , | | | | _ |) Onland | ,~ | C Addition |
| STREET ADDRESS | - | | | | | | ADORESS | - | - | • | • | | | | | | |
| CITY-ST-ZIP | | | | | | | - 1 | | | | | | | | | | |
| TITLE | | · - | | □ DELETE | 2. 4 C/T | | -ZIP | | | | | | | | l Cha | | ET A dette |
| NAME | | | | LJ DELETE | | | | | | | | | | L |] Chang | je | ☐ Addition |
| | | | | | 3.2 NA | | . | | | | | | | | | | |
| STREET ADDRESS | | | | | 3.3 STF | REET | ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | | | | | | | I | | | | | | | | | | |

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.

4.1 TITLE

4. 2 NAME

5.1 TITLE

52 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

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6.4 CITY-ST-ZIP

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SIGNATURE

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