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FILED  
Mar 16 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000059148 (2)

1. Corporation Name  
SMOCKS, INC.



Principal Place of Business

3780 KORI RD. UNIT 14  
JACKSONVILLE FL 32257  
US

Mailing Address

3780 KORI RD. UNIT 14  
JACKSONVILLE FL 32257  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1996

4. FEI Number

58-2246429

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PEPER, RICHARD C JR.  
3020 HARTLEY ROAD, SUITE 350  
JACKSONVILLE FL 32257

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

TITLE PD  
NAME WALDEN, LYNN C  
STREET ADDRESS P.O. BOX 24867  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VD  
NAME WALDEN, JAMES EDWARD  
STREET ADDRESS 3780 KORI ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE STD  
NAME WALDEN, JANIE S  
STREET ADDRESS 3780 KORI ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 2593 PHEASANT COURT WEST  
1.4 CITY-ST-ZIP JACKSONVILLE FL 32259

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 931 FROST ST E  
2.4 CITY-ST-ZIP JACKSONVILLE FL 32221

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 931 FROST ST E  
3.4 CITY-ST-ZIP JACKSONVILLE FL 32221

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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 my address.

SIGNATURE James E. Walden 9/24/98 (904) 880 8056

CR2E034 (10/97)