

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 13 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 # P96000062001 (8)

1. Corporation Name  
SMITH GRAPHIC SERVICES, INC.

Principal Place of Business  
11250 OLD ST. AUGUSTINE ROAD  
SUITE #15-338  
JACKSONVILLE FL 32257

Mailing Address  
11250 OLD ST. AUGUSTINE ROAD  
SUITE #15-338  
JACKSONVILLE FL 32257



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/23/1996

4. FEI Number  
59-3394323

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 11250 Old St Augustine Rd  
Suite, Apt. #, etc.  
22 Suite 15-338  
City & State  
23 Jacksonville Florida  
Zip  
24 32257  
Country  
25 Duval

2a. Mailing Address  
26 11250 Old St Augustine Rd  
Suite, Apt. #, etc.  
27 15-338  
City & State  
28 Jacksonville Florida  
Zip  
29 32257  
Country  
30 Duval

9. Name and Address of Current Registered Agent

SMITH, WAYNE A  
11250 OLD ST. AUGUSTINE ROAD  
SUITE #15-338  
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 with, and agree to the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sig. Date

N/A

Name of registered agent and title if applicable

(NO)

Registered Agent signature required when insuring

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, WAYNE A  
11250 OLD ST. AUGUSTINE ROAD #15-338  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
SMITH, BEVERLY A  
11250 OLD ST. AUGUSTINE ROAD #15-338  
JACKSONVILLE FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
☐ Change ☐ Addition

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.

SIGNATURE: Wayne A. Smith 4-798

CR2E034 (10/97)