SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000077446 (8)

FILED Sep 19 1997 8:00am Secretary of State

SMITHCOM, INC.	. ,			DI TERN KRAN ATEN ERHA AND TERN
Principal Place of Business	Mailing Address			[]]
4913 MILANO COURT NE ST PETERSBURG FL 33703	4913 MILANO COURT NE ST PETERSBURG FL 33703			
or retendant re solo	OF FETENDONIO FE 35/00		DO NOT WRITE IN	THIS SPACE
·			09/17/1996	a. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.	26		59-3400786	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	28 Zip	Country	Trust Fund Contribution	
24 25	├ ─ ┐ '	30	 This corporation owes or has paid the Personal Property Tax due June 30. 	_ ''
9. Name and Address of Current			10. Name and Address of New Regist	
SMITH, MICHAEL T		81 Name		
4913 MILANO COURT NE		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ST PETERSBURG FL 33703		83		
		84 City		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligations SIGNATURE	and 607.1508, Florida Statute 1 Florida. Such change was au ions of, Section 607.0505, Flor	s, the above-named corp thorized by the corporati ida Statutes.	oration submits this statement for the purp ion's board of directors. I hereby accept th	ose of changing its registered e appointment as registered
Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature require	ed when reinslating) C	PATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
NAME SMITH, MICHAEL T	DELETE	1.1 TITLE		Change Addition
AGAG ANI AND COURT NE		1.2 NAME		
OT DETEDODING EL 22702		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
CITY-ST-ZIF ST FETENSBONG FL 33703	DELETE	2.1 TITLE		Change Addition
NAME	_	2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS	•	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		•
STREET ADDRESS		3.3 STREET ADDRESS		
City-st-zip	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME	First becert	4.1 TITLE 4. 2 NAME		Change Addition
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-2IP		4.4 City-St-Zip		
TITLE	DELETE	51 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-S1-ZIP		

14. I do 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 all achieves with an address.

SIGNATURE.

M) Tribbith

EMALLET Smill

9/10/07

813-525-6782