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

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90042 014 ***150.00

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DOCU 1. Corporatio	MENT # P96000							
SMITH CROWN & BRIDGE, INC.					1			
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Principal Place of Business Mailing Address					- 1	is ien eners desit Sales on	(1) abitt fatăt (âtiă 1411) 1881	BASIN AGIN INDS
327 OFFICE PL	.AZA DR	327 OFFICE PLAZA DR		•	3.7		۶	• •
SUITE 105 SUITE 105 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301					150°	DO NOT WRI	TE IN THIS SPACE	•
TALLAHASSEE	FL 32301	TALLAHASSEE FL 32301				orated or Qualifed	12 11 1110 01 7102	
					10/29/19			}
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	pplied For
21		26			59-34118	23	N	ot Applicable
		Suite, Apt. #, etc.	Apt. #, etc.			Status Desired	\$8.75	Additional
22		27			5. Certificate of		Fee R	equired
City & Stat	te	City & State			1 :	mpaign Financing	3 1	May Be
23		28		_	Trust Fund (Added	to Fees
Zip	Country	Zip	Country	<i>f</i>	1 ' 1 '	ation owes the curre	ent year Intangible	□No
24	25	<u> </u>	30		Personal Pro	operty Tax. Address of New R		
	9. Name and Address of Current	Registered Agent	81	Name	<u> </u>	Address of New !		
SMIT	TH, ROBIN J		82	5	AND		1. 14 <u>3</u> 1	
327 OFFICE PLAZA DR				Street Addre	ess (P.O. Box Num	ber is Not Accepta		. 1
SUITE 105			83	-				, , , , , , , , , , , , , , , , , , ,
TALLAHASSEE FL 32301			84					
				City	, t		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named corpo	ration submits this	statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the State of mediate states of the state	of Florida. Such change was aut	thorized by	the corporation	n's board of directo	ors. I hereby accep	it the appointment as re	gistered
SIGNATURE	,,,, <u>e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R		nt signature required			DATE	
12.	OFFICERS AND		13.		ADDITIONS/0	CHANGES TO OF	FICERS AND DIRECTO	DRS IN 12
TITLE	P CAUTA DODINA	☐ DELETE	1.1 TITLE		•		A COLOR OF STREET	,
NAME 	SMITH, ROBIN J.	ing.	1.2 NAME	T 4 DODGOO			, <u>(1</u> , 43%)	
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STREET ADDRESS	CANDE LARBOID	☐ DELETE	2.1 TITLE	,,			Change	Addition
	SMITH, LORINDA 327 DEFICE PLAZA DR. STE. 1	_	2.2 NAME				☐ Change	Addition
	327 OFFICE PLAZA DR., STE. 1	_	2.2 NAME 2.3 STREE	T ADDRESS		· .	Change	Addition
CITY-ST-ZIP	327 OFFICE PLAZA DR., STE. 1 TALLAHASSEE FL	_	2.2 NAME	T ADDRESS		•	☐ Change	
CITY-ST-ZIP	327 OFFICE PLAZA DR., STE. 1	05	2.2 NAME 2.3 STREE 2.4 CITY-5	T ADDRESS			☐ Change	Addition
CITY-ST-ZIP	327 OFFICE PLAZA DR., STE. 1 TALLAHASSEE FL S SMITH, ROBIN	DELETE	2.2 NAME 2.3 STREE 2. 4 CITY-5 3.1 TITLE 3.2 NAME	T ADDRESS		· .	☐ Change	Addition
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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 organ attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.29.99

\$50 877-3900 Daytime Phone #