

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0109845

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 NOV -3 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000096816 (9)

1. Corporation Name

SMITH CONSULTING GROUP, INC.

Principal Place of Business
4790 NORTH NINTH AVE.
PENSACOLA FL 32503
US

Mailing Address
4790 NORTH NINTH AVE.
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

59-3414772

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, HOWARD R
3890 MARINERS DRIVE
GULF BREEZE FL 32561**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

400002681954--6

83.

**11/06/98 01030 014
****550.00 ****550.00**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTD** ☐ DELETE
NAME **SMITH, HOWARD R**
STREET ADDRESS **3890 MARINERS DRIVE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **HOWARD R. SMITH**
1.3 STREET ADDRESS **1609 PARADISE BAY DRIVE**
1.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **VSD** ☐ DELETE
NAME **SMITH, DEBORAH G**
STREET ADDRESS **3890 MARINERS DRIVE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DEBORAH G. SMITH**
2.3 STREET ADDRESS **1609 PARADISE BAY DR.**
2.4 CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(l), 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:

HOWARD R. SMITH **HOWARD R. SMITH** **8/20/98 (850) 494-9999**

CR2E034 (5/98)