

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000097434

1. Corporation Name

LAW OFFICES OF JOHN S. SMITH, P.A.

Principal Place of Business

500 WESTSHORE BLVD  
SUITE 420  
TAMPA FL 33609

Mailing Address

500 WESTSHORE BLVD  
SUITE 420  
TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

59-3412617

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

13 Suite, Apt. #, etc.  
2 315 South Plant Ave  
City & State  
3 TAMPA FL  
Zip Country  
4 33606 25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 P.O. Box 460  
City & State  
28 TAMPA FL  
Zip Country  
29 33601 30 USA

9. Name and Address of Current Registered Agent

SMITH, JOHN S  
500 WESTSHORE BLVD  
SUITE 420  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

315 South Plant Avenue

83 TAMPA FL

84 City

85 Zip Code

FL 33606

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

12.1 NAME	P SMITH, JOHN S	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	500 WESTSHORE BLVD, SUITE 420	
12.3 CITY-ST-ZIP	TAMPA FL 33609	
12.4 TITLE		<input type="checkbox"/> DELETE
12.5 NAME		
12.6 STREET ADDRESS		
12.7 CITY-ST-ZIP		
12.8 TITLE		<input type="checkbox"/> DELETE
12.9 NAME		
12.10 STREET ADDRESS		
12.11 CITY-ST-ZIP		
12.12 TITLE		<input type="checkbox"/> DELETE
12.13 NAME		
12.14 STREET ADDRESS		
12.15 CITY-ST-ZIP		
12.16 TITLE		<input type="checkbox"/> DELETE
12.17 NAME		
12.18 STREET ADDRESS		
12.19 CITY-ST-ZIP		
12.20 TITLE		<input type="checkbox"/> DELETE
12.21 NAME		
12.22 STREET ADDRESS		
12.23 CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS	315 South Plant Avenue	
13.4 CITY-ST-ZIP	TAMPA, FL 33606	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		
13.17 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME		
13.19 STREET ADDRESS		
13.20 CITY-ST-ZIP		

315 South Plant Avenue  
TAMPA, FL 33606

4. 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John S. Smith

6-20-99

Date

813-251-2880

Daytime Phone #

CR2ED34 (1/98)

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90005 025 \*\*\*150.00

09-13-1999 90004 040 \*\*\*400.00