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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Jan 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700003409 (4)

SMITH-PEARSON MORTGAGE, INC.

Principal Plac	ce of Business	Mailing Address			T I MALLONG 1966 I SELLE LOURS OR 114 SOLET COURS BETTIN SOLOR 19714 & COURT OF	
414 SEYMOURE COURT CREATED FL 32765 414 SEYMOURE COURT CREATED FL 32765		JRT		DO NOT WRITE IN THIS SPACE		
Oviedo Oviedo					3. Date Incorporated or Qualified	<u> </u>
]					01/07/1997	1
2. Principal F	Place of Business	2a. Mailing Address				oplied For
21		26				ot Applicable
Suite, Apt.	. #, etc,	Suite, Apt. #, etc.			¢8 75	Additional
22		27			5. Certificate of Status Desired X Fee Re	equired
City & Stat	te	City & State			6. Election Campaign Financing \$5.00	
	lo, Fl	28 Oviedo,			Trust Fund Contribution Added	
Zip	Country	Zip_		intry JSA	8. This corporation owes or has paid the current year Interest Personal Property Tax due June 30.	angible TNo
24 25 USA 29 30 9, Name and Address of Current Registered Agent			1301	JOA	Personal Property Tax due June 30. K Yes L  10. Name and Address of New Registered Agent	
SMITH, JOHN R				81 Name		
414 SEYMOURE COURT				22 21 111		
ORXANDO FL 32765				82 Street Add	ress (P.O. Box Number is Not Acceptable)	j
i	viedo.			83	·	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, <b>T</b> CCO,			<b>84</b> City	log Tim	~
				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 registere	-		d Agent signature requi	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
12.	OFFICERS	AND DIRECTORS	<b>1</b> 13.			IS 3N 32 19
7771.6		DELETE	117	TIE I		
TITLE	C/D	☐ DELETE	1.1 TI		Change	Addition
NAME	C/D John R. Smith	☐ DELETE	1.2 N	NME		
NAME STREET ADDRESS	, ·	_	1.2 N	TREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP	John R. Smith	t	1.2 M 1.3 ST 1.4 CI	TREET ADDRESS TY-ST-ZIP		
NAME STREET ADDRESS	John R. Smith 414 Seymore Cour	t	1.2 N	TY-ST-ZIP	☐ Change	Addition .
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	John R. Smith 414 Seymore Cour Oviedo, F1 3276	t	1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	TREET ADDRESS TY-ST-ZIP TLE	☐ Change	Addition .
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14. I hereby certify that the Information supplied with this filling 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 trusted 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 mitran address.