

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

DOCUMENT # **P97000015802**

1. Corporation Name

SMOOTH TRANSITION PRODUCTIONS, INC.

Principal Place of Business

**11318 PARTRIDGE DRIVE
TAMPA FL 33625**

Mailing Address

**12088 ANDERSON ROAD, SUITE 111
TAMPA FL 33625**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90005 006 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

59-3427161

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 11318 Partridge Dr

26 12088 Anderson Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Suite 111

City & State

City & State

23 Tampa FL

28 Tampa FL

Zip

Country

Zip

Country

24 33625

25 Hillsborough

29 33625

30 Hillsborough

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name

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

83

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

TITLE **PTD** ☐ DELETE
NAME **BURRELL, GEORGE VERNON JR.**
STREET ADDRESS **11318 PATRIDGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **VSD** ☐ DELETE
NAME **MARTIN, JACQUELINE H**
STREET ADDRESS **11318 PATRIDGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33625**

TITLE **D** ☒ DELETE
NAME **MEANS, JERRY**
STREET ADDRESS **7057 CONTINENTAL DRIVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Jacqueline H. Martin / Jacqueline H. Martin** **4/29/99** **(813) 969-2218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

0401734