

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

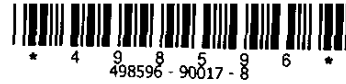
FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90017 008 ***150.00

DOCUMENT # *P97000062260*

1. Corporation Name

SMI OF BROOKSVILLE INC



Principal Place of Business

Mailing Address

21445 Lake Lindsey
Brooksville FL 34601

21445 Lake Lindsey
Brooksville FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/17/97

2. Principal Place of Business

2a. Mailing Address

21 7281 Sunshine Grove Rd

26 7281 Sunshine Grove Rd

4. FEI Number

Applied For

59-3457220

Not Applicable

22 Suite 108

27 Suite 108

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Brooksville FL

28 Brooksville FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

24 34613-6801

25 Hernando

Zip

Country

29 34613-6801

30 Hernando

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Richardson Guy M
21445 Lake Lindsey Rd
Brooksville FL 34601

81 Name Richardson Kathleen C

82 Street Address (P.O. Box Number is Not Acceptable)
21445 Lake Lindsey Rd

83

84 City Brooksville

FL

85 Zip Code
34601

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 Kathleen C Richardson PSTD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT ☒ DELETE
NAME Richardson Guy M
STREET ADDRESS 21445 Lake Lindsey Rd
CITY-ST-ZIP Brooksville FL 34601

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

TITLE D ☐ DELETE
NAME Richardson Kathleen C
STREET ADDRESS 21455 Lake Lindsey Rd
CITY-ST-ZIP Brooksville FL 34601

2.1 TITLE PSTD ☒ Change ☐ Addition
2.2 NAME Richardson Kathleen C
2.3 STREET ADDRESS 21455 Lake Lindsey Rd
2.4 CITY-ST-ZIP Brooksville FL 34601

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)(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:

Kathleen C Richardson Kathleen C Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

(352) 597-8814

Daytime Phone #

CR2E034 (11/98)