

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000064505 (5)

1. Corporation Name

DEBORAH L. SMITH, O.T.R., INC.

Principal Place of Business

2045 MISTY SUNRISE TRAIL
SARASOTA FL 34240

Mailing Address

2045 MISTY SUNRISE TRAIL
SARASOTA FL 34240

FILED

98 JUN 16 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1997

4. FEI Number

65-0784021

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

9. Name and Address of Current Registered Agent

SMITH, DEBORAH L
2045 MISTY SUNRISE TRAIL
SARASOTA FL 34240

10. Name and Address of New Registered Agent

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DEBORAH L. SMITH, O.T.R.
2045 MISTY SUNRISE TRAIL
SARASOTA, FL 34240

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

90000256639-8
-06/19/98--01118--007
****150.00 ****150.00

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-ST-ZIP

01 TITLE 02 NAME 03 STREET ADDRESS 04 CITY-ST-ZIP

11 TITLE 12 NAME 13 STREET ADDRESS 14 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.

SIGNATURE: Deborah L. Smith, O.T.R., Inc. 6/17/98

CR2E034 (10/97)