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Mailing Address

LEESBURG FL 34789

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PROFIT CORPORATION ANNUAL REPORT

1999



## DOCUMENT # **P9700069241**1. Corporation Name

AL SMITH REALTY, INC.

Principal Place of Business

9145 U.S. HWY, 441

LEESBURG FL 34788

## Jan 28, 1999 8:00am FLORIDA DEPARTMENT OF STATE Katherine Harris **Secretary of State** Secretary of State DIVISION OF CORPORATIONS 01-28-1999 90015 037 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**FILED** 

					3. Date Incorporated or Qualifed 08/10/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number	App	ied For	12
	26	<b>,</b> , , <del>, , , , , , , , , , , , , , , , </del>		59-3461042	Not	Applicable	Spr. 156	
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.			• •			\$8.75 Ac		13
22 27					5. Certifcate of Status Desired.	Fee Req	uired	
City & State City & State					6. Election Campaign Financing	\$5.00 N		l
23 28					Trust Fund Contribution	Added to	Fees	l
Zip	Country Zip				8. This corporation owes the current year into	engible	ا ۔۔	l
24 25 29 3			30		Personal Property Tax.		⊒No	i
	9. Name and Address of Current		81		10. Name and Address of New Registered	Agent		l
STORY ALCOHOLD				Name				l
SMITH, ALFRED P			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
9145 U.S. HWY: 441					************************************	31-1-141-8 Juli 4	For 86 451	
LEESBURG FL 34788			83				在提出	
1	•		84	City	FI	85 Zip C	ode	
ত্ৰ কল কল ক ক <u>ক্ৰেছ্টে</u>	505	en exectivación				changing its r	enistered	ł
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes f Florida: Such change was auti	, the above horized by	e-named corp the corporation	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	ntment as reg	istered	
agent. I an	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes	i. '				
SIGNATURE	·				od when reinstelled > 2/1/ DATE	-		؍ ا
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			nt signature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12	Ş
12.	P OFFICERS AND	DELETE	13. 1.1 TITLE		87 Co. 1075	☐ Change	Addition	1
TITLE	•		1.2 NAME					5
NAME	SMITH, ALFRED P 9145 US HWY 441			T ADDRESS			:	١
STREET ADDRESS	* · · · · · · · · · · · · · · · · · · ·		1.4 CITY-S	l l				] 2
CITY-ST-ZIP	VP	J4700 DELETE		,,-2,,		☐ Change	Addition	١ (
	SMITH, ALFRED R		2.1 TITLE 2.2 NAME					
NAME	9145 US HWY 441		2.3 STREE	T ADDRESS			• • •	-
STREET ADDRESS	LEESBURG FL 34788			ST-ZIP	·			]
CITY-ST-ZIP						☐ Change	☐ Addition	
NAME	S A SMITH, ALFRED P		3.2 NAME					
STREET ADDRESS	9145 US HWY 441		3.3 STREE	TADDRESS	** というないでも、これでは対対すばでいる時代は最新が高	2012 (新年/2014)		
CITY-ST-ZIP	LEESBURG FL 34788		3.4. CITY-	. 1		<b>的是"特别的</b>	問題集員	1
TITLE			4.1 TITLE		· · · · · · · · · · · · · · · · · · ·	5 Change	Addition	
	SMITH, ALFRED P		4. 2 NAME					
NAME 9795 U.S. 1940 STREET ADDRESS	9145 US HWY 441		4.3 STREE	TADDRESS				1
CITY-ST-ZIP	LEESBURG FL 34788	· -	4.4 CITY-5	ST-ZIP				1
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME		11 7 1 V	•		
STREET ADDRESS		. 533		ET ADDRESS				1.3
CITY-ST-ZIP	2		5.4 CITY-	ST-ZIP	a significant		,	┧,
TITLE	รัสสรั จ. ค.วิกิณ: ช	☐ DELETE	. 6.1 TITLE		•	Change	☐ Addition	1
NAME	事務核格特別分表		6.2 NAME	ļ				
STREET ADDRESS	LEGSE YOU TO THE T		6.3 STREE	ET ADDRESS				ĺ
CITY-ST-ZIP	₹ <sub>0</sub>		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**