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Jan 23, 1999 8:00am  
Secretary of State

01-23-1999 90010 002 \*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000100741

1. Corporation Name  
FORRESTER-SMITH, INC.

Principal Place of Business

213 HOBBS ST  
TAMPA FL 33619

Mailing Address

P.O. BOX 2540  
BRANDON FL 33509

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1997

4. FEI Number

59-3490150

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

HUGHES, H. WINGFIELD  
4029 BELL GRANDE DR  
VALRICO FL 33594

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HUGHES, H. WINGFIELD  
STREET ADDRESS  
4029 BELL GRANDE DR  
CITY-ST-ZIP  
VALRICO FL 33594

TITLE ☐ DELETE

NAME  
HUGHES, BETSEY  
STREET ADDRESS  
3840 GLENCOE DR  
CITY-ST-ZIP  
BIRMINGHAM AL 35213

TITLE ☐ DELETE

NAME  
HUGHES, DOROTHY  
STREET ADDRESS  
4029 BELL GRANDE DR  
CITY-ST-ZIP  
VALRICO FL 33594

TITLE ☐ DELETE

NAME  
HUGHES, JAMES  
STREET ADDRESS  
60 WEST POMFRET  
CITY-ST-ZIP  
CARLISLE PA 17013

TITLE ☐ DELETE

NAME  
MOSHER, SUSAN  
STREET ADDRESS  
3707 KINGS FORD PLACE  
CITY-ST-ZIP  
VALRICO FL 33594

TITLE ☐ DELETE

NAME  
HELDRETH, JAMES  
STREET ADDRESS  
3807 POLUMBA DR  
CITY-ST-ZIP  
VALRICO FL 33594

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)