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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90030 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000000804

1. Corporation Name
SMITH'S NDT SERVICES INC.

Principal Place of Business
P.O. BOX 4665
3622 BARRANCAS AVENUE
PENSACOLA FL 32507

Mailing Address
P.O. BOX 4665
3622 BARRANCAS AVENUE
PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/02/1998

4. FEI Number
59-3489935
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

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

2. Principal Place of Business
21 8295 N. Palafox St.
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 7069
Suite, Apt. #, etc.

22 City & State
23 Pensacola, Florida
Zip Country

27 City & State
28 Pensacola, Florida
Zip Country

24 32534 25 Escambia 29 32534-0069 30 Escambia

9. Name and Address of Current Registered Agent

SMITH, CLIFFORD D
3622 BARRANCAS AVE.
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name
Smith, Clifford D.
82 Street Address (P.O. Box Number is Not Acceptable)
288 East Olive Rd.
83 Apt. 3-B
84 City
Pensacola FL 85 Zip Code
32534

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03-25-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME SMITH, CLIFFORD D
STREET ADDRESS 204-4 FREEDOM LANE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D
NAME SMITH, HELLON J
STREET ADDRESS 204-4 FREEDOM LANE
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D
NAME NIX, JOHN
STREET ADDRESS 5814 JAPONICA AVE.
CITY-ST-ZIP PENSACOLA FL 32507

TITLE D
NAME TURK, EDWARD
STREET ADDRESS 282 MCLAUGHLIN ROAD
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME FLINN, LANCE
STREET ADDRESS 7228 RYAN LANE
CITY-ST-ZIP MILTON FL 32570

TITLE D
NAME JOHNSON, HEIDI
STREET ADDRESS 9400 N. LOOP
CITY-ST-ZIP PENSACOLA FL 32507

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

1.1 TITLE P
1.2 NAME Smith, Clifford D.
1.3 STREET ADDRESS 288 East Olive Rd. Apt. 3-B
1.4 CITY-ST-ZIP Pensacola, FL 32534

2.1 TITLE D
2.2 NAME Smith, Hellon J.
2.3 STREET ADDRESS 288 East Olive Rd. Apt. 3-B
2.4 CITY-ST-ZIP Pensacola, FL 32534

3.1 TITLE V
3.2 NAME Nix, John A.
3.3 STREET ADDRESS 5814 Japonica Ave.
3.4 CITY-ST-ZIP Pensacola, FL 32507

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 T, S
6.2 NAME Johnson, Heidi M.
6.3 STREET ADDRESS 9400 N. Loop Rd.
6.4 CITY-ST-ZIP Pensacola, FL 32507

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 #

3-25-99

850-479-8866

CR2E034 (1/98)