

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

FILED  
Jun 24, 1999 8:00 am  
Secretary of State

06-24-1999 90022 003 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Kath Harris Sec. of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000003462			
1. Corporation Name SMATHERS & SMATHERS, P.A.			
Principal Place of Business ONE INDEPENDENT DR. STE. 2201 JACKSONVILLE FL 32202		Mailing Address ONE INDEPENDENT DR. STE. 2201 JACKSONVILLE FL 32202	
2. Principal Place of Business 21 1050 Riverside Ave Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL Zip Country 24 32204 25 Duval			
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30			
3. Date Incorporated or Qualified 01/12/1998			
4. FEI Number 59-2466591			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SMATHERS, BRUCE A ONE INDEPENDENT DR. STE. 2201 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1050 Riverside Ave. 83 84 City Jacksonville FL 85 Zip Code 32204	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Bruce A. Smathers, Managing Partner 1050 Riverside Ave Jacksonville, FL 32204		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:

*Bruce A. Smathers*  
Signature and Typed or Printed Name of Signing Officer or Director

6-21-99 904-358-2201  
Date Daytime Phone #

CR2E034 (11/98)