Applied For Not Applicable

Zip Code

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90143 047 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042523

1. Corporation Name

RICKY C. SMITH, INC.

Principal Place of Business		Mailing Address			
5819 DARRAN CT. CLEARWATER FL 33760		5819 DARRAN CT. CLEARWATER FL 33760		DO NOT WRITE IN T	HIS SPACE
				 Date Incorporated or Qualifed 05/08/1998 	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For	
21		26		59-3513460	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	, a storace	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	Country 30	This corporation owes the current year Personal Property Tax.	r Intangible
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Register	red Agent
5819 (I, RICKY C DARRAN CT. RWATER FL 33760		81 Name 82 Street A 83	oddress (P.O. Box Number is Not Acceptable)	

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, and accept the obligations of Section 607.0505. Florida Statutes

City

agent. I am familiar with, and accept the obligations of, Section 607,0005, 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	D DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	SMITH, RICKY C	1.2 NAME						
STREET ADDRESS	5819 DARRAN CT.	1.3 STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 33760	1.4 CITY-ST-ZIP						
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP						
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADORESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	Change Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP	the standard and supplies and	6.4 DKY-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further certify that the information					

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 informati indicated on this annual report or suppliemental armual 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attackment with an address, with all other like impowered.

SIGNATURE:

CR2E034 (11/98)