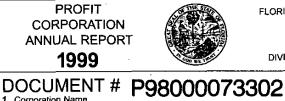
1. Corporation Name V. J. SMITH, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State 04-16-1999 90120 022 ***150.00

Principal Place of Business Mailing Address) 14439 HISS HINE	0170 P101 S001
4350 W. KENNE TAMPA FL 3360	DY BOULEVARD #28 09	4350 W. KENNEDY BOULEVARD #28 TAMPA FL 33609				DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed 08/21/1998		
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number	ļ	olied For
21	The state of the s	26	. 			65-0865 102		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	I
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Ir		
24	25					Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Registered	J Agent	
емп	TH, DON	,		01	Name			
109	N. BRUSH STREET SUITE 150			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
IAM	PA FL 33602			83				{
				84	City		85 Zip C	ode
						FI		
office or s	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such channe was aut	honzed	DV I	ne corpora	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appe	intment as reg	istered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				Agent	signature requi	ired when reinstating) DATE	ND DIDECTO	DC IN 12
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	Change	X Addition
TITLE .		☐ DELETE	1.1 TIT			President	☐ Change	A) Addition
NAME			1.2 NA			Valerie J. Smith	#20	1
STREET ADDRESS					ADDRESS	4350 W. Kennedy Blvd	#20	[
CITY-ST-ZIP			_			Tampa, FL 33609	☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE				☐ Change	
NAME	i			2.2 NAME 2.3 STREET ADDRESS				
STREET ADDRESS					1		***	
CITY-ST-ZIP		CT DELETE	2.4 C		r-ZIP	_	Change	Addition
TITLE		☐ DELETE	3.1 TI				Ollarige	
NAME			3.2 N			•		
STREET ADDRESS		•			ADDRESS			
CITY-ST-ZIP		☐ DELETE	3.4. C	1Y-\$1	r-ZIP	<u></u>	∏ Change	Addition
TITLE		C) DELETE						
NAME .	•		4, 2 N	_		•)
STREET ADDRESS					ADDRESS	•		
CITY-ST-ZIP		DELETE	4.4 CI 5.1 TI	TY-ST	- ZIP		Change	Addition
TITLE			5.1 II					
NAME					ADDRESS			
STREET ADORESS			1	TY-ST	ì			}
CITY-ST-ZIP	3 37	☐ DELETE	6.1 TI		- ALIF		Change	Addition
TITLE	37 37		6.2 NA					
NAME ()	医感染 有力性性原生				ADDRESS			
STREET ADDRESS	` <i>t</i>							Ì
CITY-ST-ZIP			6.4 Cl	TY-ST	-2112			

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 chapter 607, or on an attachment with an address, with all other like empowered.

SIGNATURE: