

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90080 047 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000076039

1. Corporation Name
SMITH PROPERTIES, INC.



Principal Place of Business
**2420 EDGEWATER DR.
NICEVILLE FL 32578**

Mailing Address
**2420 EDGEWATER DR.
NICEVILLE FL 32578**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/01/1998	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. FEI Number	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees
5. Certificate of Status Desired	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 1324 White Blossom Ln Suite, Apt. #, etc. Ln	2a. Mailing Address 26 P.O. Box 396 Suite, Apt. #, etc.
22 City & State 23 Ft. Walton Bch, FL	27 City & State 28 Destin, FL
24 Zip 32547 25 Okaloosa	29 Zip 32540 30 Okaloosa

9. Name and Address of Current Registered Agent

**SMITH, RICKY L
2420 EDGEWATER DR.
NICEVILLE FL 32578**

**1324 White Blossom Ln.
Ft. Walton Bch, FL 32547**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICKY L	1.2 NAME	
STREET ADDRESS	2420 EDGEWATER DR.	1.3 STREET ADDRESS	1324 White Blossom Lane
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KIMBERLY A	2.2 NAME	
STREET ADDRESS	2420 EDGEWATER DR.	2.3 STREET ADDRESS	1324 White Blossom Ln.
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	Ft. Walton Bch, FL 32547
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

RICKY L SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 (850) 315-1043
Date Daytime Phone #

CR2E034 (11/98)