

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 16, 1999 8:00 am**  
**Secretary of State**

08-16-1999 90008 027 \*\*\*550.00

08/16/1999

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000076059**

1. Corporation Name  
**SMITH ORIGINAL HOMES, INC.**



Principal Place of Business: **9031 ELLIOTT CIRCLE TAMPA FL 33615**  
 Mailing Address: **9031 ELLIOTT CIRCLE TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1998**  
 4. FEI Number: **59-3530933**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation owes the current year Intangible Personal Property:  Yes  No

2. Principal Place of Business (21-23) and Mailing Address (2a-24) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
 TITLE: **PTD**  DELETE  
 NAME: **SMITH, RANDALL W**  
 STREET ADDRESS: **9031 ELLIOTT CIRCLE**  
 CITY-ST-ZIP: **TAMPA FL 33615**  
 TITLE: **SVD**  DELETE  
 NAME: **WHITMAN, LESLIE F**  
 STREET ADDRESS: **9031 ELLIOTT CIRCLE**  
 CITY-ST-ZIP: **TAMPA FL 33615**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE: **TD**  Change  Addition  
 1.2 NAME: **Silver, Gregg L.**  
 1.3 STREET ADDRESS: **14004 Clubhouse Cir #409**  
 1.4 CITY-ST-ZIP: **Tampa, FL 33624**

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.

SIGNATURE: \_\_\_\_\_ **SIGNATURE REQUIRED** **7/6/99** **(813) 880-9117**

CR2E034 (5/99)