

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90176 006 \*\*\*150.00

0475582

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000093956**

1. Corporation Name

**S.M.S. SIGNS & HOUSE MAINTENANCE SERVICE, INC.**

Principal Place of Business

**2198 MAIN STREET**  
**SARASOTA FL 34237**

Mailing Address

**2198 MAIN STREET**  
**SARASOTA FL 34237**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.,

**22**  
City & State

**23**  
Zip

Country

**24**

**25**

2a. Mailing Address

**26**  
Suite, Apt. #, etc.,

**27**  
City & State

**28**  
Zip

Country

**29**

**30**

3. Date Incorporated or Qualified

**11/05/1998**

4. FEI Number

**65-0875897**

Applied For

No: 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 Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**JAGNSCH, P. CHRISTOPHER**  
**2198 MAIN STREET**  
**SARASOTA FL 34237**

10. Name and Address of New Registered Agent

**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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

**TITLE**  
**D**  
**NAME**  
**WASCH, SYLVIA**  
**STREET ADDRESS**  
**3648 KENT DRIVE**  
**CITY-STATE-ZIP**  
**NAPLES FL 34112**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

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**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY-STATE-ZIP**

☐ Change ☐ Addition

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY-STATE-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 a different like empowered.

**SIGNATURE:**

**Sylvia Wasch** SYLVIA WASCH, DIR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)