

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S46567** (1)  
1. Corporation Name  
**SMI-CO AND ASSOCIATES, INC.**



Principal Place of Business: **6417 TRACTOR ROAD SUITE 141 SEBRING FL 33870 US**  
Mailing Address: **PO BOX 4450 SEBRING FL 33871 US**

3. Date Incorporated or Qualified: **04/18/1991**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-3062457**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.  
City & State  
Zip Country

9. Name and Address of Current Registered Agent  
~~DENHARDT, JAMES W.  
2700 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33710~~

10. Name and Address of New Registered Agent  
81 Name: **CLIFFORD M. ABLES, III**  
82 Street Address (P.O. Box Number is Not Acceptable): **457 S. COMMERCIAL AVE.**  
83  
84 City: **SEBRING** FL 85 Zip Code: **33870**

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: *Clifford M. Ables, III* **CLIFFORD M. ABLES, III** DATE: **3-18-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, DENNIS R</b>	
STREET ADDRESS	<b>4900-CALATRAVA AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>VPST</b>	<input type="checkbox"/> DELETE
NAME	<b>LILLIAN, TRAUOGOTT SMITH</b>	
STREET ADDRESS	<b>4900 CALATRAVA AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>4900 Calatrava Ave</b>
14 CITY-ST-ZIP	<b>33870</b>
2 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>4900 Calatrava Ave</b>
24 CITY-ST-ZIP	<b>33870</b>
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Dennis R. Smith* **Dennis R. Smith** DATE: **4/30/96** 941-335-6187  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (12/95)