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FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S52070 (7)

1. Corporation Name
LORRAINE ANN SMITH, INC.

Principal Place of Business
18304 TUCKAWAY CT.
#109
FT MYERS FL 33903-1244
US

Mailing Address
18304 TUCKAWAY CT.
#109
FT MYERS FL 33903-1244
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1991

4. FEI Number

65-0262495

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

21. Principal Place of Business

21 LORRAINE SMITH

Suite, Apt. #, etc.

22 105 LAS PALMAS N.

City & State

23 N. FT MYERS FL

Zip

24 33903

Country

25 LEE

26. Mailing Address

26 105 LAS PALMAS N.

Suite, Apt. #, etc.

27 105 LAS PALMAS N.

City & State

28 N. FT MYERS FL

Zip

29 33903

Country

30 LEE

9. Name and Address of Current Registered Agent

SMITH, LORRAINE ANN
18304 TUCKAWAY CT.
FT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name

LORRAINE SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

105 LAS PALMAS N.

83

84

City N FT MYERS

FL

85 Zip Code

33903

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE LORRAINE SMITH

2/23/98

Signature, typed or printed name of registered agent and date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SMITH, LORRAINE ANN
STREET ADDRESS 18304 TUCKAWAY CT.
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PERB. DEPT ☒ Change ☐ Addition

1.2 NAME LORRAINE SMITH
1.3 STREET ADDRESS 105 LAS PALMAS N.
1.4 CITY-ST-ZIP N. FT MYERS FL 33903

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: LORRAINE SMITH

2/23/98 731-6305

CP2E034 (10/97)