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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$59091

1. Corporation Name

M.T. SMITH, INC.

5244 TROPICAL POINT

Mailing Address

5244 TROPICAL POINT SPRING HILL EL 34607

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90008 031 ***150.00



SPRING FILL FI		SPRING THEE TE 04007		DO NOT WE	RITE IN THIS SPACE
				3. Date Incorporated or Qualifed	
-				06/07/1991	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	idos di pasilioso	26		59-3069677	Not Applicable
21)	#	Suite, Apt. #, etc.	*	39 0000077	\$8.75 Additional
Suite, Apt.	#, etc.	— · · ·		5. Certifcate of Status Desired	Fee Required
22	·	City & State		 	``-
City & State	ie	— ´		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cu	
24	25	1	30	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Currer			10. Name and Address of New	Registered Agent
AL 417	THE MONDOOF T		81 Name		
SMITH, MONROE T.			82 Street Add	fress (P.O. Box Number is Not Accep	itable)
5244 TROPICAL POINT			the second of th		
SPRI	ING HILL FL 34607		83	1.35%。漢字學的·監接	
	<i>:</i>		24 59		12. 10 (1.2) REST. 8. 30 (1.5) S. 37 (1.5) S. (2.5) S. (2
			84 City		85 Zip Code
44 Directions	to the provisions of Sections 607 050	2 and 607 1508 Florida Statute	es the above-named con	poration submits this statement for th	e purpose of changing its registered
" ' office or r	registered agent, or both, in the State	of Florida. Such change was au	uthorized by the corporati	ion's board of directors. I hereby according	ept the appointment as registered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flor	rida Statutes.	•	
SIGNATURE	·				
	Signature, typed or printed name of registered age		Registered Agent signature require		FFICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ID DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
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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.

6.4 CITY-ST-ZIP

SIGNATURE

Mange D. That C. MODROET. S

14 JAN 144 1999

352-596-9242 Daytime Phone #

CR2E034 (11/98)