PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90150 019 ***150.00

	<u> 1999</u>		16.
DOC	UMENT	#V3799	6

	S & S WOODSMITH, INC.					
Pı	rincipal Place of Business	* 4 9 3 2 493256 - 90150 -	19	•		
İ	1417 WACKER AVE., SE	1417 WACKER AV	E.,SE			
	PALM BAY, FL 32909 PALM BAY, FL 32909			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed 5/20/92		
2.	SEMBLER MARINE PARTNER	2a. Mailing Address S SEMBLER MARIN	E PARTNE	4. FEI Number		Applied For
21		36	E FARINE	59-3131517		Not Applica
22	SMP 35-33 Suite Apt. #, etc. 1660 N.INDIAN DRIVE	Sale Dpt 35-65.33	N DRIVE	5. Certifcate of Status Desired		. 75 Additional ee Required
	City & State	City & State	•	6. Election Campaign Financing	\$5	.00 May Be
23		28 SEBASTIAN, FL	32978	Trust Fund Contribution	Ac	ded to Fees
	Zip Country	Zip Cou		8. This corporation owes the current year	intangible	
24	25	29 30		Personal Property Tax.	☐ Yes	s 🗆 No
	9. Name and Address of Current F	10. Name and Address of New Registere	d Agent			
	81 Name BOBBIE D. SHEPARD					

SHEPARD, SANDRA Street ASCHMENTEROX MARRETNIEN APARTINERS 82 1417 WACKER AVENUE, SE SMP 35-33, 1660 N.INDIAN DRIVE PALM BAY, FLORIDA 32909 83 SEBASTIAN, FLORIDA 32978 City 84 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 ar	m familiar with, and accept the obligations of, Section 607.0505, Florida	a Statutes.	1,1/00					
SIGNATURE Signature, typed or printed name of registered agent and title (flapplicable, (NOTE: Registered Agent signature required when reinstating) DixTE								
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DVP XI DELETE	1.1 TITLE	DVPST TAddition					
NAME	SHÉPARD, SANDRA	12 NAME	BOBBIE D. SHEPARD					
STREET ADDRESS	1417 WACKER AVENUE, SE	1.3 STREET ADDRESS	SEMBLER MARINE PARTNERS					
CITY-ST-ZIP	PALM BAY, FLORIDA 32909	1.4 CITY-ST-ZIP	SMP 35-33, 1660 N.INDIAN DRIVE					
TITLE	ST DELETE	2.1 TITLE	SEBASTIAN, FLORIDA 32978 Change Addition					
NAME		2.2 NAME	,					
STREET ADDRESS	SHEPARD, SANDRA	2.3 STREET ADDRESS						
CITY-ST-ZIP	1417 WACKER AVENUE, SE	2.4 CITY-ST-ZIP						
TITLE	PALM BAY, FLORIDA 32909 DELETE	3.1 TITLE	P Change X Addition					
NAME		3.2 NAME	BOBBIE D. SHEPARD					
STREET ADDRESS		3.3 STREET ADDRESS	SEMBLER MARINE PARTNERS					
CITY-ST-ZIP			SMP 35-33, 1660 N. INDIAN DRIVE					
TITLE	☐ DELETE	4,1 TITLE	SEBASTIAN, FLORIDA 32978 Change Addition					
NAME		4.2 NAME	,					
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4 4 CITY-ST-ZIP						
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS						
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		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, with all other like empowered.

PRESIDENT

CR2E034 (11/98)

Applied For Not Applicable