## 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 # 818242

1. Corporation Name SMITH'S INC., OF DOTHAN

Principal Place of Business

Mailing Address

## **FILED** Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90125 025 \*\*\*150.00



488 ROSS CLARK CIRCLE, N.E. 488 ROSS CLARK CIRCLE, N.E. DOTHAN AL 36303 DOTHAN AL 36303 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1964 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 63-0335102 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certifcate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICH, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 7300 N. HWY. 1771 **BONIFAY FL 32425** 83 84 City Zip Code 85 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE ☐ DELETE 1.1 TITLE ☐ Addition Change | NAME WATSON.JOHN H 1.2 NAME **488 ROSS CLARK CIRCLE NE** STREET ADDRESS 1.3 STREET ADDRESS DOTHAN AL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE ☐ Addition 2.1 TITLE ☐ Change PARKS, THOMAS C. NAME 2.2 NAME 488 ROSS CLARK CIRCLE NE STREET ADDRESS 2.3 STREET ADDRESS DOTHAN AL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE ☐ DELETE Change 3.1 TITLE ☐ Addition CHAMBERS, MARK NAME 3.2 NAME 488 ROSS CLARK CIRCLE NE STREET ADDRESS 3.3 STREET ADDRESS DOTHAN AL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE ☐ Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE TITLE 51 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 6.2 NAME 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, op on an attachment with an address, with all other like empowered.

SIGNATURE:

- UPPESIDENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

(334)-794-6721

CR2E034 (11/98)