FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:49

DOCUMENT # **235310** **(0)**

1. Corporation Name
B. M. SMITH MOTORS, INC.

Principal Place of Business	Mailing Address
1722 S COLLINS ST PLANT CITY FL 33566	1722 S COLLINS ST PLANT CITY FL 33566

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1961
3a. Date of Last Report: 03/28/1994

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24
Country 25
Zip 29
Country 30

4. FEI Number: 59-0917334 ☐ 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

9. Name and Address of Current Registered Agent

SMITH JR.B M
1722 S. COLLINS ST.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	S/T	☐ Change ☐ Addition
NAME	SMITH, B M JR	12 NAME	B.M. Smith Sr.	
STREET ADDRESS	WIGGINS ROAD	13 STREET ADDRESS	Wiggins Rd	
CITY-ST-ZIP	PLANT CITY, FL 00000	14 CITY-ST-ZIP	Plant City FL 33566	
TITLE	ST	21 TITLE	P/D	☑ Change ☐ Addition
NAME	SMITH, MARION M	22 NAME	Marion M. Smith	
STREET ADDRESS	206 VALENCIA CT NORTH	23 STREET ADDRESS	206 Valencia Ct N.	
CITY-ST-ZIP	PLANT CITY, FL 00000	24 CITY-ST-ZIP	Plant City FL 33566	
TITLE	VD	31 TITLE	Retired	☑ Change ☐ Addition
NAME	SMITH, ROZALE	32 NAME	Please Delete	
STREET ADDRESS	1007 N FERRELL	33 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY, FL 00000	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE	V/P	☑ Change ☐ Addition
NAME	SMITH, MARION C	42 NAME	Marion C Smith	
STREET ADDRESS	WIGGINS ROAD	43 STREET ADDRESS	Wiggins Road	
CITY-ST-ZIP	PLANT CITY, FL 00000	44 CITY-ST-ZIP	Plant City FL 33566	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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, 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: Marion M Smith, Pres. 3/22/95 8137821035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
MARION M. SMITH

0267720 CP