Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90108 020 ***150.00

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 # 308115

1. Corporation Name

SMITH MOTOR SUPPLY INC

Principal Place of Business Mailing Address						, (60),	4,517 4,4 11 4,5 11	
72 EAST MERRITT ISLAND CAUSEWAY 72 EAST MERRITT ISLAND CA			USEWAY					
P.O. BOX 540095 P.O. BOX 540095						BO NOT WEITE IN THE	COMOD	•
MERRITT ISLAND FL 32954-7095 MERRITT ISLAND FL 32954-709			95			DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
						08/12/1966		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ar	oplied For
21 26						59-1144923		ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, et		Suite, Apt. #, etc.				5. Certifcate of Status Desired		Additional
22 27 27		27				3 .		equired
City & State		City & State	City & State			6. Election Campaign Financing		May Be
28						Trust Fund Contribution		to Fees
Zip Country Zip		Zip C	Country			8. This corporation owes the current year Ir		
24	25	29 30				Personal Property Tax.	Yes	□No
	Name and Address of Currer	it Registered Agent				10. Name and Address of New Registered	Agent	
O1 413	B.O		81	Name		•		
SMITH, R C			82	Street	Addre:	ss (P.O. Box Number is Not Acceptable)		
72 EAST MERRITT ISLAND CAUSEWAY								
MER	RITT ISLAND FL 32952		83					
			84	City	·		85 Zip	Code
	•		04	City		Fi	_ (05) 2.15	
agent. I a	m familiar with, and accept the obligation of registered age	nt and title if applicable. (NOTE: Regist	ered Age	i-		n's board of directors. I hereby accept the appointment of the directors of the property of th		
12.			13.			ADDITIONS/CHANGES TO OFFICERS A		Addition
`IITLE T	P	☐ DELETE 1.	.1 TITLE				☐ Change	L_J AUGILON I
NAME	SMITH, EDITH P	1.	2 NAME					\
STREET ADDRESS	540 FOOTMAN LANDING	•		TADORESS				J
CITY-ST-ZIP			4 CITY-S	T-ZIP				
TITLE	D DELETE 2.1 TI		.1 TITLE				☐ Change	Addition
NAME	SMITH, RICHARD C. 22N		2 NAME					
STREET ADDRESS	540 FOOTMAN LANDING 23ST		3 STREE	TADORESS				. 1
CITY-ST-ZIP	MERRITT-ISLAND FL -	RITT-ISLAND FL - 2.40		ST-ZIP	· . ~		· -	
TITLE	T □ DELETE 3.1 TI		.1 TITLE				Change	☐ Addition
NAME	CHAMBERS, JANICE M. 32N		2 NAME					ŀ
STREET ADDRESS	802 PROSPECT AVENUE	3	.3 STREE	TADDRESS	Ì			ľ
CITY-ST-ZIP			4. CITY-5	ST-ZIP				
TITLE		☐ DELETE 4	.1 TITLE				Change	☐ Addition
NAME		4	. 2 NAME					
STREET ADDRESS		•		T ADDRESS				
			4 CITY-S					
CITY-ST-ZIP TITLE			.1 TITLE				Change	☐ Addition
NAME		***	2 NAME					}
				T ADDRESS				Ì
STREET ADDRESS			.4 CITY-S					
CITY-ST-ZIP TITLE			.1 TITLE				Change	Addition
NAME			.2 NAME				0	_

CITY-ST-ZIP 14. 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 exactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS