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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90007 011 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F59077

1. Corporation Name
SMITTY'S GARAGE, INC.

Principal Place of Business
 % SARAH J SMITH
 11084-70TH AVENUE NORTH
 SEMINOLE FL 33772
 US

Mailing Address
 % SARAH J SMITH
 11084-70TH AVENUE NORTH
 SEMINOLE FL 33772
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/20/1981

4. FEI Number **59-2150419** 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 [] Suite, Apt. #, etc.

22 [] City & State

23 [] Zip [] Country

24 [] 25 []

2a. Mailing Address

26 [] Suite, Apt. #, etc.

27 [] City & State

28 [] Zip [] Country

29 [] 30 []

9. Name and Address of Current Registered Agent

SMITH, SARAH J
 11084-70TH AVENUE NORTH
 SEMINOLE FL 33772

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 **SARAH J. SMITH (OWNER - DIRECTOR)**

DATE **3-25-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RICHARD E	1.2 NAME	
STREET ADDRESS	8095 NIGHTINGALE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SARAH J	2.2 NAME	
STREET ADDRESS	11098 70TH AVE NO	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WILLIAM R	3.2 NAME	
STREET ADDRESS	8954-78TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **SARAH J. SMITH**

DATE **3-25-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C.R.2.F.034 (11/98)