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 APR -4 AM 11:55

DOCUMENT # **F94000003334 (9)**

1. Corporation Name
JOHNNY F. SMITH TRUCK & DRAGLINE SERVICE INC.

Principal Place of Business	Mailing Address
3975 NW SOUTH RIVER DR. MIAMI FL 33142	3975 NW SOUTH RIVER DR. MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21 310 Howze Beach Road	26 P.O. Box 1115	64-0561163
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23 SLIDELL LOUISIANA	City & State 28 SLIDELL LOUISIANA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24 70458 Country 25 USA	Zip 29 70459 Country 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HADLER, MARCIA B 2600 DOUGLAS RD., #411 CORAL GABLES FL 33134	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOHNNY F	12 NAME	
STREET ADDRESS	52198 HIGHWAY 90	13 STREET ADDRESS	
CITY ST ZIP	SLIDELL LA 70461	14 CITY ST ZIP	
TITLE	SDC	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, JANICE R	22 NAME	
STREET ADDRESS	52198 HIGHWAY 90	23 STREET ADDRESS	
CITY ST ZIP	SLIDELL LA 70461	24 CITY ST ZIP	
TITLE	V	31 TITLE	V-P ☑ Change ☐ Addition
NAME	FLETCHER, WAYNE A	32 NAME	WAYNE A. FLETCHER
STREET ADDRESS	900 CHARLOTTE DR.	33 STREET ADDRESS	628 CHARLOTTE DRIVE
CITY ST ZIP	PICAYUNE MS 39466	34 CITY ST ZIP	PICAYUNE MS. 39466
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
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 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.

SIGNATURE: Wayne A. Fletcher WAYNE A. Fletcher 3/31/95 504-641-7990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0102405 CP