FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # F94000003334 (9)

1. Corporation Name

JOHNNY F. SMITH TRUCK & DRAGLINE SERVICE INC.

Principal Place of Business
310 HOUSE BEACH ROAD
SLIDELL LO 70458
US

Mailing Address
P.O. BOX 1115
SLIDELL LO 70459
US

2. Principal Place of Business
21 310 Howze Beach Road
Suite, Apt. #, etc.
22
City & State
23 Slidell LA
Zip 24 70459 Country 25 US

2a. Mailing Address
26 P.O. Box 1115
Suite, Apt. #, etc.
27
City & State
28 Slidell LA
Zip 29 70459 Country 30 US

3. Date Incorporated or Qualified: 06/24/1994
3a. Date of Last Report: 04/04/1995
4. FEI Number: 64-0561163 ☐ 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**

HADLER, MARCIA B
2600 DOUGLAS RD., #411
CORAL GABLES FL 33134

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 _______

12. OFFICERS AND DIRECTORS

TITLE	PDC	☐ DELETE
NAME	SMITH, JOHHNY F	
STREET ADDRESS	52198 HIGHWAY 90	
CITY-ST-ZIP	SLIDELL LA 70461	
TITLE	SDC	☐ DELETE
NAME	SMITH, JANICE R	
STREET ADDRESS	52198 HIGHWAY 90	
CITY-ST-ZIP	SLIDELL LA 70461	
TITLE	VP	☐ DELETE
NAME	FLETCHER, WAYNE A	
STREET ADDRESS	628 CHARLOTTE DRIVE	
CITY-ST-ZIP	PICAYUNE MS	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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. Fl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)