

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G57177** (9)
1. Corporation Name
JACK H. SMITH TRUCKING, INC.



Principal Place of Business: 1505 SE 40TH ST D, PO BOX 150046, CAPE CORAL FL 33915
Mailing Address: 1505 SE 40TH ST D, PO BOX 150046, CAPE CORAL FL 33915

3. Date Incorporated or Qualified: 08/29/1983
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-2340068
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 or intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, SUZANN
4514 PELICAN BLVD
CAPE CORAL FL 33914

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 of officer or director of the corporation or registered agent (if not a shareholder) (if not a Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JACK H.	
STREET ADDRESS	1510 SW 52ND TERRACE	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, SUZANN	
STREET ADDRESS	4514 PELICAN BLVD.	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DEFORGE, LOUIS	
STREET ADDRESS	1417 NW 38TH AVE	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATNEY, KATHLEEN	
STREET ADDRESS	1406 SE 13TH ST	
CITY-STATE-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 supplement to 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 in change or as an attachment with my address.

SIGNATURE: *S.K. Smith* S.K. SMITH, Sec/Treas 2-08-96 941-549-6166
DATE: _____ DAY: _____

CR2E034 (12/95)