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FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # G57177

(9)

1. Corporation Name

JACK H. SMITH TRUCKING, INC.



Principal Place of Business

Mailing Address

1506 SE 40TH ST D
PO BOX 150046
CAPE CORAL FL 33904
US

1506 SE 40TH ST D
PO BOX 150046
CAPE CORAL FL 33915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1983

4. FEI Number

59-2340068

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

Lee

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

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

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 PD
NAME SMITH, JACK H.
STREET ADDRESS 1510 SW 52ND TERRACE
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE STD
NAME SMITH, SUZANN
STREET ADDRESS 4514 PELICAN BLVD.
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VD
NAME DEFORGE, LOUIS
STREET ADDRESS 1417 NW 38TH AVE
CITY-ST-ZIP CAPE CORAL FL

☒ DELETE

TITLE D
NAME MATNEY, KATHLEEN
STREET ADDRESS 1406 SE 13TH ST
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Vice President, Director

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 employed 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

S. K. Smith 1-07-98 (941)549-6166

CR2E034 (10/97)