

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 # **J68620** (0)
1. Corporation Name
ROBERT SMITH FORK LIFT, INC.



Principal Place of Business
**2563 BARNES ROAD
AUBURNDALE FL 33823**

Mailing Address
**POST OFFICE BOX 1926
AUBURNDALE FL 33823**

3. Date Incorporated or Qualified
04/22/1987

3a. Date of Last Report
02/16/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2821442		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

**SMITH, W. ROBERT
2563 BARNES ROAD
AUBURNDALE FL 33823**

10. Name and Address of New Registered Agent

81 Name	Smith, Frances		
82 Street Address (P.O. Box Number is Not Acceptable)	2563 Barnes Road		
83 City	Auburndale, FL 33823		
84 State	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 official capacity

(If 3B: Registered Agent Signature obtained when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, W. ROBERT			1.2 NAME	Smith, Frances		
STREET ADDRESS	2563 BARNES ROAD			1.3 STREET ADDRESS	2563 Barnes Road		
CITY-ST-ZIP	AUBURNDALE FL 33823			1.4 CITY-ST-ZIP	Auburndale, FL 33823		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, KENNETH E			2.2 NAME			
STREET ADDRESS	1724 BERKLEY ROAD N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	POLK CITY FL 33868			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CLARENCE B			3.2 NAME			
STREET ADDRESS	3330 TIMBERLINE ROAD W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33880			3.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT W			4.2 NAME			
STREET ADDRESS	2563 BARNES ROAD			4.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL 33823			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 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: *Frances Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)