


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L45387 (2)  
1. Corporation Name  
SMITTY'S FLEET SERVICE, INC.



Principal Place of Business 405 N. CHARLES STREET BLDG #4 DAYTONA BEACH FL 32114	Mailing Address 405 N. CHARLES STREET BLDG #4 DAYTONA BEACH FL 32114
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/22/1990	
4. FEI Number 59-2990459		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TINSLEY, GARY W 213 SILVER BEAM AVE DAYTONA BEACH FL 32118				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	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, LOWELL H		1.2 NAME				
STREET ADDRESS	6 CASTLE MANOR DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, ANNA BELLE		2.2 NAME				
STREET ADDRESS	6 CASTLE MANOR DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, GEORGE D		3.2 NAME				
STREET ADDRESS	848 SUGAR HOUSE DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, KELLY V		4.2 NAME				
STREET ADDRESS	805 WHIPPERWILL DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, TENIECE R		5.2 NAME				
STREET ADDRESS	850 WHIPPERWILL DR		5.3 STREET ADDRESS				
CITY-ST-ZIP	PORT ORANGE FL		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 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 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: *Anna Belle Smith* 1-12-98 (904) 257-3400

CR2E034 (10/97)