

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

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90074 003 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L45387

1. Corporation Name
SMITTY'S FLEET SERVICE, INC.



Principal Place of Business Mailing Address
 405 N. CHARLES STREET 405 N. CHARLES STREET
 BLDG #4 BLDG #4
 DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1990

4. FEI Number Applied For
59-2990459 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 27
 City & State City & State
 23 28
 Zip Country Zip Country
 24 25 29 30

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, LOWELL H	
STREET ADDRESS	6 CASTLE MANOR DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, ANNA BELLE	
STREET ADDRESS	6 CASTLE MANOR DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GEORGE D	
STREET ADDRESS	848 SUGAR HOUSE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, KELLY V	
STREET ADDRESS	805 WHIPPERWILL DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, TENIECE R	
STREET ADDRESS	850 WHIPPERWILL DR	
CITY-ST-ZIP	PORT ORANGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KELLY V. SMITH
3.3 STREET ADDRESS	805 WHIPPERWILL DR.
3.4 CITY-ST-ZIP	PORT ORANGE, FL. 32127
4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FALLON SMITH
4.3 STREET ADDRESS	6 CASTLE MANOR
4.4 CITY-ST-ZIP	ORMOND BCH. FL. 32174
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *Anna Belle Smith* Date: *2-17-99* Daytime Phone #: *904-257-3400*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)