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

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT #

P24121

(6)

SMITH INDUSTRIES OF ALABAMA, INC.								III		
Principal Place	of Business	М	ailing Address					AI HELDIDH OI		il dibil bibil idi
2781 GUNTER PARK DRIVE. EAST PO BOX 3237 MONTGOMERY AL 36109-0237 MONTGOMERY AL 36109-0 US US		09-0237	H 02 37							
			•				 Date Incorporated or Qualified 05/02/1989 	3a. Date	of Last Re 4/21/19	
	ace of Business	⊢ -¬	Mailing Address				4. FEI Number			Applied For
Suite, Apt. #	# otc	26	Suite, Apt. #, etc.				22-1289802			Not Applicable
22	, etc.	27	Suite, Apr. #, etc.				5. Certificate of Status Desired			5 Additional Required
City & State)		City & State				6. Election Campaign Financing	**		
23		28	,				Trust Fund Contribution			O May Be
Zip	Country		Zip	Cou	intry		8. This corporation has liability for	intangible tax		
24	25	29	·	30		·····		□ No		
	9. Name and Address of Curre	nt Regis	tered Agent			Managa	10. Name and Address of New F	egistered A	gent	
OT 001	DDADATIAN AVATON				81	Name				1
	RPORATION SYSTEM				82	Street Ac	dress (P.O. Box Number is Not Acceptat	le)		
	. Pine Island Road Ation FL 33324				83					
FLANIA	AHON FL 33324									
					84	City		FL	85 Zir	p Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 60	7.1508, Florida Statutes	the abo	ve-r	named corp	oration submits this statement for the pu	nose of char	naina its r	registered office
or registere	ed agent, or both, in the State of Flo h, and accept the obligations of, Sec	rida. Sucr	i change was authorized	d by the d	corp	oration's bo	pard of directors. I hereby accept the app	pintment as i	egistered	l agent. I am
CIONIATUDE										
	Signature, typed or printed name of registered age	ntand tite 4 a	oppicable. (NOTI	: Registered	Agen	l signature requ	ired when reinstating)	DATE		
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD CMGTH IAV		☐ DELETE	1, 1 7] Change	Addition
NAME STOLET ASSESSES	SMITH, JAY L. 2781 GUNTER PK. DRIVE I	<u>-</u>		1.2 N						
STREET ADDRESS	MONTGOMERY AL	Ξ.				ADDRESS				
CITY-S1-ZIP TITLE	VIS		DELETE	2.1T	TY - S	T- ZIP			7 Change	Addition
NAME	WILKERSON, OSCAR A., II	ı	C) prefere	2.2 N				L.	j Change	☐ A30000H
STREET ADDRESS	2781 GUNTER PK. DRIVE I			1		ADDRESS				
CITY-ST-ZIP	MONTGOMERY AL				ITY-S					
TITLE	VD		DELETE	3 1 7] Change	Addition
NAME	SMITH, BRUCE			3.2 N/	AME.			_	•	
STREET ADDRESS	2781 GUNTER PK. DRIVE I	Ξ.		3 3. S	TREET	ADDRESS				1
CITY-SI-7IP	MONTGOMERY AL			3 4 CI	1Y-S	T-ZIP				
TITLE			☐ OELETE	4. 1 T	ITLE] Change	Addition
NAME				4.2 N/	AME					
STREET ADDRESS						ADDRESS				
CITY-S1-ZIP			C) brutte	4.4 01		T-ZIP			1.0.	
TITLE			DELETE	5 1 To) Change	☐ Addition
NAME STREET ADDRESS				5.2 N/		I Daniel				
STREET ADDRESS				1		ADDRESS				
CITY - ST - ZIP TITLE			DELETE	5,4 CI 6, 1 Ti		I - ZIP] Change	Addition
NAME				6.2 N/		l		L.	Гонандс	L. Addition
STREET ADDRESS						ADDRESS				
CITY OF THE				0.551	- ILC I	בטיוניטט				

14. I do hereby certify that the information supplied with this firing 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 13 if changed, or on an attachment with an address.

SIGNATURE: Signature and typed on Printed Name of Signing Officer or Direct

4/22/96 (334)277-8520

CR2E034 (12/95)