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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State
DIVISION OF CORPORATIONS

1996

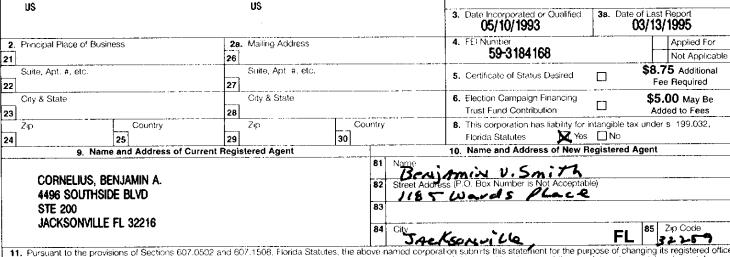
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DOCUMENT #	-
1. Corporation Name	

SMITTYS ENTERPRISES, INC.

Principal Place of Business 12644 SAN JOSE BLVD JACKSONVILLE FL 32223 Mailing Address

12644 SAN JOSE BLVD JACKSONVILLE FL 32223 US



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. Thereby accept the appointment as registered agent. I am familiar with, and a Cept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE A	gnature, types or printed name of registerial agent and blay	rapplicable (NOI	E. Bagistered Agent signature requir	ed when renstating?	DATE	
12.	OFFICERS AND DIRE		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1-TLE	PD	☐ DELE1E	1 1 TITLE 1	/ P	☐ Change	Addition
NAME	smith, benjamin v		1.2 NAME	athleen M. Decl	<i>card</i>	
STREET ADDRESS	1185 WARDS PL		13 STREET ADDRESS	Athlern M. Decl 85 wards Plac Heksonvillo Fl	•	
CITY - ST - ZIP	JACKSONVILLE FL 32259		1.4 CHEY - SE ZIP	Acksonville FL	32259	
TITLE	STD	☐ DELETE	2 1 TITLE		☐ Change	☐ Addition
NAME	smith, Kathleen F		2.2 NAME			
STREET ADDRESS	1185 WARDS PL		2.3 STREET ADDRESS			
C(TY - ST - ZIP	JACKSONVILLE FL 32259		2.4 CiTY-ST-ZIP		··	
tillE	V	₩ DELETE	3 1 1 ITLE		☐ Change	Addition
NAME	KING, PAUL		3.2 NAME			
SIKEFT ADDRESS	8435 COLUNS RD		3.3. STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL 32210		3.4 CHY+ST-ZIP			
T'TLE		DELETE	4. 1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 C(1) Y - ST - Z(P			
TITLE		☐ DELETE	5 1 TITLE		☐ Change	Addition
NAMÉ			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIP			54 City St-ZiP			
TITLE		☐ DEFETE	6 1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
0.19 CT 7:D			6.4 CHV-SL-7IP			

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 contify 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X2-22.96

(904) 262-1666

CR2E034 (12/95)