

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Feb 11 1997 8:00am  
Secretary of State

DOCUMENT # P93000034513 (0)

1. Corporation Name  
SMITTY'S ENTERPRISES, INC.



Principal Place of Business  
12644 SAN JOSE BLVD  
JACKSONVILLE FL 32223  
US

Mailing Address  
12644 SAN JOSE BLVD  
JACKSONVILLE FL 32223-8647  
US

3. Date Incorporated or Qualified  
05/10/1993

3a. Date of Last Report  
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

59-3184168

Applied For

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, BENJAMIN V.  
1185 WARDS PLACE  
JACKSONVILLE FL 32259

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

*Benjamin V. Smith*  
Signature, typed or printed name of agent and if applicable, (No registered agent signature required when reinstating)

2-4-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SMITH, BENJAMIN V  
STREET ADDRESS 1185 WARDS PL  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☐ DELETE

TITLE STD  
NAME SMITH, KATHLEEN F  
STREET ADDRESS 1185 WARDS PL  
CITY-ST-ZIP JACKSONVILLE FL 32259 ☒ DELETE

TITLE VP  
NAME DECKARD, KATHLEEN M.  
STREET ADDRESS 1185 WARDS PLACE  
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE STD  
NAME HELEN J. EPHREM  
STREET ADDRESS 14827 MANDARIN ROAD  
CITY-ST-ZIP JAX, FL 32223 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

1.1 TITLE STD  
1.2 NAME HELEN J. EPHREM  
1.3 STREET ADDRESS 14827 MANDARIN Rd.  
1.4 CITY-ST-ZIP JAX, FL 32223 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 or on an attachment with an address.

SIGNATURE:

*Benjamin V. Smith*  
Signature, typed or printed name of signing officer or director

2-4-97

DATE

904-262-1066

DAYTIME PHONE #

CR2E034 (9/96)