SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 AUG -3 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000076199 (7)**

1. Corporation Name

SMOOTH OPERATORS EQUIPMENT, INC.

Principal Place of Business	Mailing Address
1051 HWY 29TH S IMMOKALEE FL	SMOOTH OPERATOR EQUIP. INC. PO BOX [illegible] 1572 IMMOKALEE FL 33934 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/29/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0451386	☐ 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

2. Principal Place of Business	2a. Mailing Address
21 1051 E MAIN ST	26 P.O.BOX 1572
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: IMMOKALEE FL	28 City & State: IMMOKALEE FL
24 Zip: 33934 25 Country: COLLIER	29 Zip: 33934 30 Country: COLLIER

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
MIMS, PRESTON T 1303 CAMELLA AVE IMMOKALEE FL	81 Name: MIMS, PRESTON T 82 Street Address (P.O. Box Number is Not Acceptable): 20 IRWIN AVE 83: LEHIGH ACRES 84 City: [illegible] FL 85 Zip Code: 33936

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOSEPH S	12 NAME	
STREET ADDRESS	685 RABBIT RUN RD	13 STREET ADDRESS	
CITY-ST-ZIP	IMMOKALEE FL 33934	14 CITY-ST-ZIP	
TITLE	DVST	21 TITLE	☐ Change ☐ Addition
NAME	MIMS, PRESTON T	22 NAME	
STREET ADDRESS	1303 CAMELLA AVE	23 STREET ADDRESS	20 IRWIN AVE
CITY-ST-ZIP	IMMOKALEE FL 33934	24 CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: Preston Thomas Mims 7/26/95 941-657-2563
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0161787 FP