

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000076199 (7)

1. Corporation Name

SMOOTH OPERATORS EQUIPMENT, INC.



Principal Place of Business

1051 E MAIN ST
IMMOKALEE FL 34142
US

Mailing Address

P O BOX 1572
IMMOKALEE FL 34143
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1993

3a. Date of Last Report

09/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIMS, PRESTON T
20 IRWIN AVE
LEHIGH ACRES FL 33936

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

Alton Louis Mims
Signature typed or printed name of registered agent and title if applicable

PRESTON T. MIMS
(NOTE: Registered Agent signature required when reinstating)

8/18/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE
NAME SMITH, JOSEPH S
STREET ADDRESS 685 RABBIT RUN RD
CITY-ST-ZIP NAPLES FL 34120

TITLE DVST ☐ DELETE
NAME MIMS, PRESTON T
STREET ADDRESS 20 IRWIN AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME MIMS, PRESTON T
1.3 STREET ADDRESS 20 IRWIN AVE.
1.4 CITY-ST-ZIP LEHIGH ACRES FL 33936 ☒ Change ☐ Addition

2.1 TITLE DVST
2.2 NAME MIMS, ALTON LOUIS
2.3 STREET ADDRESS 5 Willington Avenue
2.4 CITY-ST-ZIP Lehigh Acres FL 33936 ☐ Change ☐ Addition

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

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

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

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

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 if changed, or on an attachment with an address.

SIGNATURE *Alton Louis Mims* 8/18/97 (941-157-3018)

CR2E034 (4/97)