

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90092 042 \*\*\*158.75

DOCUMENT # P96000058209

1. Corporation Name  
SMOKER ENTERPRISES, INC.



Principal Place of Business  
224 N 20TH ST.  
JACKSONVILLE BEACH FL 32250

Mailing Address  
224 N 20TH ST.  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/11/1996

4. FEI Number

59-3389179

Applied For

Not Applicable

5. Certificate of Status Desired  
After Additions Below

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'NEILL, KAREN B  
1009 21ST ST N  
JACKSONVILLE BEACH FL 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPT  
NAME MILLARD, TIMOTHY S  
STREET ADDRESS 133 CRANES LAKE DR  
CITY-ST-ZIP PONTE VEDRA BEACH FL

1.1 TITLE TREASURER/DIRECTOR Change Addition  
1.2 NAME  
1.3 STREET ADDRESS 527 Holly Dr.  
1.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE DVS  
NAME MILLARD, KATHY G  
STREET ADDRESS 133 CRANES LAKE DR  
CITY-ST-ZIP PONTE VEDRA BEACH FL

2.1 TITLE SECRETARY/DIRECTOR Change Addition  
2.2 NAME  
2.3 STREET ADDRESS 527 Holly Dr.  
2.4 CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE Vice-President/Director Change Addition  
3.2 NAME JUDSON BUSH  
3.3 STREET ADDRESS 14542 ISLAND DR.  
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE President/Director Change Addition  
4.2 NAME LOUISE BUSH  
4.3 STREET ADDRESS 14542 ISLAND DR.  
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0041673