

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90172 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000088887

1. Corporation Name

SMITH & SONS TRANSPORT INC.

Principal Place of Business

4928 MARC DRIVE
TAMPA FL 33619

Mailing Address

4928 MARC DRIVE
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1998

4. FEI Number

59-3538526

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

SMITH, BERNIE
4928 MARC DRIVE
TAMPA FL 33619

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, HERLEY D	
STREET ADDRESS	4928 MARC DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SMITH, BERNIE	
STREET ADDRESS	4928 MARC DRIVE	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Board of Directors	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Bartola Davis		
1.3 STREET ADDRESS	2406 Hammock Dr.		
1.4 CITY-ST-ZIP	Tampa, FL 33619		
2.1 TITLE	Board of Directors	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Brenda Hitchcock		
2.3 STREET ADDRESS	4919 Marc Dr.		
2.4 CITY-ST-ZIP	Tampa FL 33619		
3.1 TITLE	Board of Directors	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	GRACIA DOUGLAS		
3.3 STREET ADDRESS	8301 Endiv Ave		
3.4 CITY-ST-ZIP	Tampa FL 33619		
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-99

813-623-5669

Date

Daytime Phone #

CR2E034 (11/98)