

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

FILED
May 14 1997 8:00am
Secretary of State

| PROFIT CORPORATION ANNUAL REPORT 1997 | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
|--|--|---|--|
| DOCUMENT # S84751 (4) 1. Corporation Name STEVE SMITH TRUCKING, INC. | | | |
| Principal Place of Business 433 SUNSET DR. FT. PIERCE FL 34945 | | Mailing Address 433 SUNSET DR. FT. PIERCE FL 34945 | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | |
| 9. Name and Address of Current Registered Agent SMITH, STEVEN ROBERT 433 DUSK WAY FT. PIERCE FL 34945 | | 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE D <input type="checkbox"/> DELETE NAME SMITH, STEVEN ROBERT STREET ADDRESS 433 DUSK WAY CITY- ST- ZIP FT. PIERCE FL | | 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP | |
| TITLE D <input type="checkbox"/> DELETE NAME SMITH, BRENDA LEE STREET ADDRESS 433 DUSK WAY CITY- ST- ZIP FT. PIERCE FL | | 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP | |
| TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY- ST- ZIP | | 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: JOHN ROBERT SMITH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |



CR2E034 (9/96)