

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

430 SUNSET DR.
FT. PIERCE FL 34945

Mailing Address

430 SUNSET DR.
FT. PIERCE FL 34945

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1991

4. FEI Number

65-0299780

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

2. Principal Place of Business

21 8500 Hidden Pines Rd
Suite, Apt. #, etc.

2a. Mailing Address

26 8500 Hidden Pines Rd
Suite, Apt. #, etc.

City & State

23 Ft Pierce FLA
Zip Country

City & State

28 Ft Pierce FLA
Zip Country

24 34945

25 FLA

29 34945

30 FLA

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

Steven Robert Smith

82 Street Address (P.O. Box Number is Not Acceptable)

8500 Hidden Pines Rd

83

84 City

Ft Pierce

FL

85 Zip Code

34945

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 D ☐ DELETE

NAME SMITH, STEVEN ROBERT

STREET ADDRESS 433 DUSK WAY

CITY-ST-ZIP FT. PIERCE FL

TITLE D ☒ DELETE

NAME SMITH, BRENDA LEE

STREET ADDRESS 433 DUSK WAY

CITY-ST-ZIP FT. PIERCE FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 8500 Hidden Pines Rd

1.4 CITY-ST-ZIP Ft Pierce FLA 34945

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME Diederik Lynn Smith

2.3 STREET ADDRESS 8500 Hidden Pines Rd

2.4 CITY-ST-ZIP Ft Pierce FLA 34945

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 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: Steven Robert Smith 9-23-98 34945

CR2E034 (5/98)