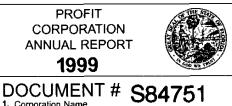
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

STEVE SMITH TRUCKING, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90009 043 ***150.00

Principal Place of Business	N	lailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. J		
8520 HIDDEN PINES RD. FT. PIERCE FL 34945	F	8520 HIDDEN PINES RD FT. PIERCE FL 34945			DO NOT WRITE IN THIS	SPACE	:		
U\$	U	8			3. Date Incorporated or Qualifed 10/03/1991	-			
2. Principal Place of Business	22	. Mailing Address			4. FEI Number		Applied For		
1	26				65-0299780		Not Applicable		
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	•	75 Additional e Required		
City & State	28	City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees		
	ountry 29	Zip 30	Country	/	This corporation owes the current year In Personal Property Tax.	tangible	□No		
9. Name and Address of Current Registered Agent			'	10. Name and Address of New Registered Agent					
STEVEN ROBERT SM	ITH		81	Name			_		
8520 HIDDEN PINES			82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
FT. PIERCE FL 34945	j		83						
			84	City	FL	85	Zip Code		
11. Pursuant to the provisions of office or registered agent, or	Sections 607,0502 and both, in the State of Flor	507.1508, Florida Statutes, ida. Such change was auth	the abov	e-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appo	changin intment a	ng its registered 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.	Signature, typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D DELET		Change Addition					
NAME	SMITH, STEVEN ROBERT	1.2 NAME						
STREET ADDRESS	8520 HIDDEN PINES RD	1.3 STREET ADDRESS						
CITY-ST-ZIP	FT. PIERCE FL 34945	1.4 CITY-ST-ZIP						
TITLE	D DELET		☐ Change ☐ Addition					
NAME	SMITH, DIEDRA LYNN	2.2 NAME						
STREET ADDRESS	8520 HIDDEN PINES RD	2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. PIERCE FL 34945	2. 4 CITY-ST-ZIP						
TITLE	DELET	TE 3.1 TITLE	☐ Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY- ST- ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELE	TE 4.1 TITLE	Change Addition					
NAME		4. 2 NAME						
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4 4 CITY-ST-ZIP	· Company region control					
TITLE	☐ DELET	TE 51 TITLE	Change Addition					
NAME		52 NAME						
STREET ADDRESS		5 3 STREET ADDRESS	· ·					
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	DELET		☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
CITY-ST-ZIP		6.4 CITY-ST-ZIP						

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:

