

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90010 046 ***150.00

DOCUMENT # V50254

1. Corporation Name

SMITH USED CARS, INC.

Principal Place of Business

P.O. BOX 299
CALLAHAN FL 32011

Mailing Address

P.O. BOX 299
CALLAHAN FL 32011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

59-3143153

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1553 S. Kings Rd.

Suite, Apt. #, etc.

22 City & State
Callahan, FL

24 Zip 32011 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

BAKER, GARY
114 GREEN AVE.
CALLAHAN FL 32011

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 DP ☐ DELETE
NAME SMITH, HERMAN
STREET ADDRESS 101 COLSON RD.
CITY-ST-ZIP CALLAHAN FL

TITLE T ☒ DELETE
NAME BEVERLY J. BRYANT
STREET ADDRESS P.O. BOX 1262, 2ND ST.
CITY-ST-ZIP HILLIARD FL

TITLE S ☐ DELETE
NAME BETTY L. CANADY
STREET ADDRESS RT. 1, BOX 332, LEE ST.
CITY-ST-ZIP ST. GEORGE GA

TITLE VP ☐ DELETE
NAME BRANDON K. SMITH
STREET ADDRESS POST OFFICE BOX 1195, 600 BROWN ST.
CITY-ST-ZIP CALLAHAN FL

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
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME VP
2.3 STREET ADDRESS Joseph H. Canaday
2.4 CITY-ST-ZIP 7051 River Road
Callahan, FL 32011

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 T.
4.3 STREET ADDRESS Brandon K. Smith
4.4 CITY-ST-ZIP Rt 5 Box 9909
Hilliard FL 32046

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

904-879-3440
Daytime Phone #

CR2E034 (11/98)

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