

**FILE-NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000004645 (7)**

1. Corporation Name  
**AMP TRUCKING, INC.**



Principal Place of Business: **621 SNIVELY AVE. WINTER HAVEN FL 33880**  
Mailing Address: **621 SNIVELY AVE. WINTER HAVEN FL 33880**

3. Date Incorporated or Qualified: **09/08/1994**  
3a. Date of Last Report: **02/14/1995**  
4. FEI Number: **59-3264367**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
81 Name: **CT CORPORATION**  
82 Street Address (P.O. Box Number is Not Acceptable): **1300 S. PINE ISLAND RD**  
83  
84 City: **PLANTATION** FL 85 Zip Code: **33324**

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: *Tanya M. Villar* **TANYA M. VILLAR**  
SPECIAL ASSISTANT SECRETARY  
DATE: **2-23-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODWARD, WALTER</b>	
STREET ADDRESS	<b>621 SNIVLEY AVE.</b>	
CITY, ST, ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVASSEUR, HOWARD</b>	
STREET ADDRESS	<b>621 SNIVLEY AVE.</b>	
CITY, ST, ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> DELETE
NAME	<b>RIGGS, MARILYN</b>	
STREET ADDRESS	<b>621 SNIVLEY AVE.</b>	
CITY, ST, ZIP	<b>WINTER HAVEN FL 33880</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HELLE, DANIEL G</b>	
STREET ADDRESS	<b>231 S. LASALLE ST.</b>	
CITY, ST, ZIP	<b>CHICAGO IL 60697</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, BRUCE C</b>	
STREET ADDRESS	<b>200 S. WACKER DR., 38TH FLOOR</b>	
CITY, ST, ZIP	<b>CHICAGO IL 60606</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	

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\*\*\*200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 so provided, or on an attachment with an address.

SIGNATURE: *Mary C. Kegan* **MARY C. KEGAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: **2-14-96**  
SYSTEMS FEE: **941-293-7884**