

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

FILED

Apr 10 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 # 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 33880-5544
--	---

3. Date Incorporated or Qualified 09/08/1994	3a. Date of Last Report 02/27/1996
4. FEI Number 59-3264367	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND DR
PLANTAION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBERT A. BRINKMAN	
1.3 STREET ADDRESS	621 SNIVELY AVE	
1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880	
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		

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ROBERT A. BRINKMAN** **4-3-97** **941-298-7884**
 Date Daytime Phone #

CR2E034 (9/96)