

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

**FILED**

**Mar 19 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000004645 (7)**  
 1. Corporation Name  
**AMP TRUCKING, INC.**



Principal Place of Business <b>621 SNIVELY AVE. WINTER HAVEN FL 33880</b>	Mailing Address <b>621 SNIVELY AVE. WINTER HAVEN FL 33880</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/08/1994</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-3264367</b>	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION  
1200 S. PINE ISLAND DR  
PLANTATION 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>RV</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRINKMAN, ROBERT A</b>	1.2 NAME	<b>P WILLIAM S. HOLT</b>
STREET ADDRESS	<b>621 SNIVELY AVE</b>	1.3 STREET ADDRESS	<b>621 SNIVELY AVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>
TITLE	<b>VD</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEVASSEUR, HOWARD</b>	2.2 NAME	<b>ST DOUGLAS E. WILSON</b>
STREET ADDRESS	<b>621 SNIVELY AVE.</b>	2.3 STREET ADDRESS	<b>621 SNIVELY AVE</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>
TITLE	<b>TSD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGGS, MARILYN</b>	3.2 NAME	
STREET ADDRESS	<b>621 SNIVELY AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELLE, DANIEL G</b>	4.2 NAME	
STREET ADDRESS	<b>231 S. LASALLE ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60697</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVENS, BRUCE C</b>	5.2 NAME	
STREET ADDRESS	<b>200 S. WACKER DR., 38TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Robert A. Brinkman VP* **3-9-98 941-293-7884**

CR2E034 (10/97)