

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J93832** (0)

1. Corporation Name
CHEROKEE TRUCKING, INC.



Principal Place of Business: **RT 3 BOX 921
~~229 CUTTY CIR~~
INTERLACHEN FL 32148
US**

Mailing Address: **RT 3 BOX 921
~~229 CUTTY CIR~~
INTERLACHEN FL 32148
US**

3. Date Incorporated or Qualified: **09/21/1987**

3a. Date of Last Report: **08/29/1995**

4. FEI Number: **59-2845109**

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**

2a. Mailing Address: **26**

22. City & State: **27** **Interlachen, FL**

23. City & State: **28**

24. Zip: **25** **32148** Country: **30** **USA**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIPP, CAMILLE ANN
RT 3 BOX 921 / ~~229 CUTTY CIR~~
INTERLACHEN FL 32148**

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): **Rt 3 Box 921**

83. _____

84. City: _____ State: **FL** Zip Code: **85**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

ST	SHIPP, CAMILLE ANN RT 3 BOX 921 / 229 CUTTY CIRCLE INTERLACHEN FL	<input type="checkbox"/> DELETE
P	SHIPP, H. PAUL RT 3 BOX 921 / 229 CUTTY CIRCLE INTERLACHEN FL	<input type="checkbox"/> DELETE
		<input type="checkbox"/> DELETE
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		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

VP	William Garcia, Jr Rt 3 Box 927K Interlachen, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 change or an establishment with an address.

SIGNATURE: *Camille Shipp* Camille Shipp 1/31/96 904-328-8189

CR2E034 (12/95)