

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

FILED
Apr 17 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 # J93832 (0)
1. Corporation Name
CHEROKEE TRUCKING, INC.



Principal Place of Business: RT 3 BOX 921, 229 CUFFY CIR, INTERLACHEN FL 32148 US
Mailing Address: RT 3 BOX 921, INTERLACHEN FL 32148-9158 US

3. Date Incorporated or Qualified: 09/21/1987
3a. Date of Last Report: 02/07/1996
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. 229 Lake Ida Point Dr
23. City & State: 27
24. Zip: 25 Country: 29

9. Name and Address of Current Registered Agent
SHIPP, CAMILLE ANN
RT 3 BOX 921
INTERLACHEN FL 32148

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	ST	<input type="checkbox"/> DELETE
NAME	SHIPP, CAMILLE ANN	
STREET ADDRESS	RT 3 BOX 921 / 229 CUFFY CIRCLE	
CITY, ST, ZIP	INTERLACHEN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SHIPP, H. PAUL	
STREET ADDRESS	RT 3 BOX 921 / 229 CUFFY CIRCLE	
CITY, ST, ZIP	INTERLACHEN FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARCIA, WILLIAM JR	
STREET ADDRESS	RT 3 BOX 927K	
CITY, ST, ZIP	INTERLACHEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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	229 Lake Ida Point Drive
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	229 Lake Ida Point Drive
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: Camille Shipp 4/10/97 904-328-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)