

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J93832 (0)

1. Corporation Name
CHEROKEE TRUCKING, INC.



Principal Place of Business RT 3 BOX 921 229 LAKE IDA POINT DR. INTERLACHEN FL 32148 US	Mailing Address RT 3 BOX 921 INTERLACHEN FL 32148 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 779 HWY 20 Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. BOX 120 Suite, Apt. #, etc.
22 City & State 23 HOLLISTER, FL Zip Country 24 32147 25 PUTNAM	27 City & State 28 HOLLISTER, FL Zip Country 29 32147 30 PUTNAM

3. Date Incorporated or Qualified 09/21/1987	4. FEI Number 59-2845109	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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) 229 LAKE IDA POINT DRIVE 83 84 City FL 85 Zip Code
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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, CAMILLE ANN	1.2 NAME	
STREET ADDRESS	229 LAKE IDA POINT DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPP, H. PAUL	2.2 NAME	
STREET ADDRESS	229 LAKE IDA POINT DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, WILLIAM JR	3.2 NAME	
STREET ADDRESS	RT 3 BOX 927K	3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Camille Shipp* Camille Shipp, Secretary/Treasurer 1/20/98 904-328-8188

CR2E034 (10/97)