

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

FILED

**Feb 03 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 # P96000012512 (5)

1. Corporation Name
FULL CIRCLE TRANSPORT, INC.



Principal Place of Business
**4355 DRANE FIELD ROAD
LAKELAND FL 33807**

Mailing Address
**4355 DRANE FIELD ROAD
LAKELAND FL 33811-1212**

3. Date Incorporated or Qualified **02/05/1996** 3a. Date of Last Report

2. Principal Place of Business

2b. Mailing Address

4. FEI Number **59-3406626** Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLYNE, JEFFREY A
4355 DRANE FIELD ROAD
LAKELAND FL 33807**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	CLYNE, JEFFREY A	
STREET ADDRESS	4355 DRANE FIELD ROAD	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HODGE, TOM	
STREET ADDRESS	4355 DRANE FIELD ROAD	
CITY-ST-ZIP	LAKELAND FL 33807	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DAVID H. HUGHES	
1.3 STREET ADDRESS	20 N ORANGE AVE SUITE 200	
1.4 CITY-ST-ZIP	ORLANDO FL 32801	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	A STEWART HALL JR	
2.3 STREET ADDRESS	20 N ORANGE AVE SUITE 200	
2.4 CITY-ST-ZIP	ORLANDO FL 32801	
3.1 TITLE	S/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JAY CLARK	
3.3 STREET ADDRESS	20 N ORANGE AVE SUITE 200	
3.4 CITY-ST-ZIP	ORLANDO FL 32801	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	J STEPHEN ZEPF	
4.3 STREET ADDRESS	20 N ORANGE AVENUE SUITE 200	
4.4 CITY-ST-ZIP	ORLANDO FL 32801	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BENJAMIN P BUTTERFIELD	
5.3 STREET ADDRESS	20 N ORANGE AVE SUITE 200	
5.4 CITY-ST-ZIP	ORLANDO FL 32801	
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: *Jay Clark* **JAY CLARK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/97 407-841-4755
Date Daytime Phone

CR2E034 (9/96)