


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

**FILED**  
**Jun 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra A. Titus  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000021901 (9)**  
 1. Corporation Name  
**MM. & U. TRUCKING, INC.**



Principal Place of Business: 10000 HIGHWAY 98 N #909 LAKELAND FL 38099  
 Mailing Address: 10000 HIGHWAY 98 N #909 LAKELAND FL 33809-8083

3. Date Incorporated or Qualified: 03/07/1996  
 3a. Date of Last Report

2. Principal Place of Business  
 21. 2514 LAND O LAKES BLVD  
 22. City & State: LAND O LAKES, FL  
 23. Zip: 34639  
 24. Country

2a. Mailing Address  
 26. P.O. BOX 1729  
 27. City & State: LAND O LAKES, FLORIDA  
 28. Zip: 34639  
 29. Country

4. FEI Number: 59-3366035  
 Applied For: Not Applicable  
 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

9. Name and Address of Current Registered Agent  
 USAKOWSKI, MICHAEL W  
 10000 HIGHWAY 98 N #909 LAKELAND FL 38099  
 2514 LAND O LAKES BLVD  
 LAND O LAKES, FL 34639

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable): 2514 LAND O LAKES BLVD  
 83.  
 84. City: LAND O LAKES FL 85. Zip Code: 34639

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USAKOWSKI, MICHAEL W	1.2 NAME	2514 LAND O LAKES BLVD
STREET ADDRESS	10000 HIGHWAY 98 N #909	1.3 STREET ADDRESS	<del>P.O. BOX 1729</del>
CITY-ST-ZIP	LAKELAND FL 38099	1.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	USAKOWSKI, MIRIAM	2.2 NAME	2514 LAND O LAKES BLVD.
STREET ADDRESS	10000 HIGHWAY 98 N #909	2.3 STREET ADDRESS	<del>P.O. BOX 1729</del>
CITY-ST-ZIP	LAKELAND FL 38099	2.4 CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002216512
STREET ADDRESS		5.3 STREET ADDRESS	-06/18/97--01110--028
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
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	

PE  
6.18

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: \_\_\_\_\_ Michael USAKOWSKI

CR2E034 (9/96)