

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P97000094253 (6)
 1. Corporation Name
 2-M TRUCKING, INC.

Principal Place of Business
 2361 KING AVE
 AUBURNDALE FL 33823

Mailing Address
 2361 KING AVE
 AUBURNDALE FL 33823



REINSTATEMENT 08-99

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
 11/03/1997

4. FEI Number
 59-3480913

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

6. Election Campaign Financing
 \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
 CANTWELL, IVEL M
 2361 KING AVE
 AUBURNDALE FL 33823

10. Name and Address of New Registered Agent
 81 Name
 Cantwell, Ivel M.
 82 Street Address (P.O. Box Number is Not Acceptable)
 6228 County Line Road
 83
 84 City
 Lakeland FL 85 Zip Code
 33811

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 Ivel M. Cantwell Ivel M. Cantwell 4-15-99
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EDENFIELD, MORRIS L	
STREET ADDRESS	2200 KRISTA LANE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CANTWELL, IVEL M	
STREET ADDRESS	2361 KING AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAZEE L, RUTH	
STREET ADDRESS	2361 KING AVE	
CITY-ST-ZIP	AUBURNDALE FL 33823	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edenfield, Morris L.
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6228 County Line Road
2.4 CITY-ST-ZIP	Lakeland, FL. 33811
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300002964903
3.4 CITY-ST-ZIP	-08/19/99--01086--004 ***908.75 ***908.75
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 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: Ivel M. Cantwell Ivel M. Cantwell 4/15/99 941-619-9809
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (5/98)

KE