

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
96 AUG 26 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 550546
1. Corporation Name
STB TRUCKING ENTERPRISES, INC

Principal Place of Business Mailing Address
872 EAST Chicago ST
CHANDLER, AZ 85225

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21. Same		26. 872 EAST Chicago ST		5/3/91	MAY 96
22. Suite, Apt #, etc		27. Suite, Apt #, etc		4. FEI Number	Applied For
23. City & State		28. City & State		59-3064389	Not Applicable
24. Zip		29. Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25. Country		30. Country		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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
Kenneth L Beir 10601-32 SAN JOSE BLVD. JACKSONVILLE, FLA 32257				81. Name	
				82. Street Address (P O Box Number is No: 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 _____ DATE _____
Signature of person performing registered agent duties, if applicable. (Print) Registered Agent's signature required when re-appointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	Robert E Cummins Jr	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	872 E Chicago ST	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	CHANDLER, AZ 85225	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
	Sandra Cummins	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
STREET ADDRESS	872 E Chicago ST	4.1 TITLE	4.2 NAME
CITY - ST - ZIP	CHANDLER, AZ 85225	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
TITLE	NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
STREET ADDRESS			
CITY - ST - ZIP			

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***225.00 ***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert E Cummins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 8-20-96 Page: 6027861151

CR2E034 (12/95)