

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

FILED
Apr 21 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 # S77118 (5)
 1. Corporation Name
PRIORITY TRANSPORTATION GROUP, INC.



Principal Place of Business
**2302-1 VINSON LANE
 JACKSONVILLE FL 32207
 US**

Mailing Address
**P.O. BOX 16254
 JACKSONVILLE FL 32245-6254**

3. Date Incorporated or Qualified
08/27/1991

3a. Date of Last Report
05/30/1996

21	22	23	24	25	26	27	28	29	30	4. FEI Number 59-3079998	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required			
State, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country		Zip	
City & State		City & State		Zip		Country		Zip		Country		Zip	

9. Name and Address of Current Registered Agent VLCEK, ALAN B. 501 W BAY ST STE 100 JACKSONVILLE FL 32202				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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, 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKENBACH, STEVEN	1.2 NAME	
STREET ADDRESS	2302-1 VINSON LANE	1.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, CHRISTIAN	2.2 NAME	
STREET ADDRESS	2302-1 VINSON LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	JACKSONVILLE FL	2.4 CITY- ST- ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, GEORGE	3.2 NAME	
STREET ADDRESS	2822 EDGEWOOD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SUGARLAND TX	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 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: *Alan Lukebach* **REQUIRED** Date: **4/11/97** Daytime Phone #: **904-346-3988**

CR2E034 (9/96)