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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000044825 (2)

Block 12 or Block 13 if changed, or on an attachment with an address

BELL TRUCKING, INC.

602 W. 12TH ST.

Mailing Address

FILED May 18 1998 8:00am Secretary of State



Principal Place of Business 602 W. 12TH ST. LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1997 FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 22 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Żψ 8. This corporation owes or has paid the current year Intangible Zip Country Yes Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name Bell, Lana C 602 W. 12TH ST. Street Address (P.O. Box Number is Not Acceptable) 82 LYNN HAVEN FL 32444 **B3** 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 Statu 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. 4-20-98 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CRY-\$1-7IP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 3244 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.3 STREFT ADDRESS STREET ADDRESS 3 4 CITY-ST-7IP CITY-ST-ZIP Change Addition 41 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this fiting 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

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