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Apr 14 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 # 121817 (1)

1. Corporation Name
PLOOF TRUCK LINES, INC.

Principal Place of Business
1414 LINDROSE ST
P. O. BOX 26949
JACKSONVILLE FL 32218

Mailing Address
1414 LINDROSE ST
P. O. BOX 26949
JACKSONVILLE FL 32226-6949

3. Date Incorporated or Qualified 02/26/1930	3a. Date of Last Report 02/05/1996
4. FEI Number 59-0316850	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent GRAHAM, ARTHUR V 1414 LINDROSE ST JACKSONVILLE FL 32208	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TSD
NAME	HOOPER, R.W.	1.2 NAME	FLOYD T. LEE
STREET ADDRESS	4111 SAN SERVERA DR. S	1.3 STREET ADDRESS	1414 LINDROSE ST.
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206
TITLE	VS	2.1 TITLE	VD
NAME	SUITS, JAMES	2.2 NAME	SUITS, JAMES
STREET ADDRESS	1414 LINDROSE ST.	2.3 STREET ADDRESS	1414 LINDROSE ST.
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	JACKSONVILLE, FL 32206
TITLE	CM	3.1 TITLE	
NAME	COPELAND, DANIEL W.	3.2 NAME	
STREET ADDRESS	11048 RIVERPORT CT.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MANDARIN FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	GRAHAM, ARTHUR V.	4.2 NAME	
STREET ADDRESS	1414 LINDROSE ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	
NAME	KINTZ, RALPH H.	5.2 NAME	
STREET ADDRESS	1834 KIM ACRES LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	DOVER FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	
NAME	PETERSON, ARTHUR V.	6.2 NAME	
STREET ADDRESS	5455 MARINER'S COVE DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	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: _____ DATE: 1/2/96 DAYTIME PHONE: 904-353-8641