

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 193548 (5)

1. Corporation Name
LAND TRUCKING CO.



Principal Place of Business 1500 JESSIE ST P O BOX 2620 JACKSONVILLE FL 32206	Mailing Address 1500 JESSIE ST P O BOX 2620 JACKSONVILLE FL 32206
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1956

2. Principal Place of Business 21 1560 JESSIE ST. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. Box 2620 Suite, Apt. #, etc.
22 City & State JACKSONVILLE, FL	27 City & State JACKSONVILLE, FL
23 Zip 32206	25 Country DUVAL
24 Zip 32203	30 Country DUVAL

4. FEI Number
59-0785518

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

6. Election Campaign Financing Trust Fund Contribution **\$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

**DUKE, THOMAS A.
 1500 JESSIE ST.
 JACKSONVILLE FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	DUKE, THOMAS A	
STREET ADDRESS	1500 JESSIE STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	DUKE, BRIAN T.	
STREET ADDRESS	1500 JESSIE STREET	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DUKE, STEPHEN T.	
STREET ADDRESS	1500 JESSIE STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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:  **BRIAN T. DUKE** 4-30-98 (904) 798-3500

CR2E034 (10/97)