

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

FILED
Jan 22 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 # 312129 (0)
 1. Corporation Name
ATLANTIC DIESEL SERVICE, INC.



Principal Place of Business: STATE ROAD #621 EAST, POST OFFICE BOX 993, LAKE PLACID FL 33852
 Mailing Address: P. O. BOX 993, POST OFFICE BOX 993, LAKE PLACID FL 33862, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/28/1966	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-1160304	
24	Country	29	Country	Applied For	
		30		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NIEMAN, MAX A. STATE ROAD 621E POST OFFICE BOX 993 LAKE PLACID FL 33852				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NIEMAN, MAX A. STATE ROAD 621E LAKE PLACID FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMAN, BETTY M. STATE ROAD 621E LAKE PLACID FL	1.2 NAME	
STREET ADDRESS	LAKE CLAY DR. LAKE PLACID FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD NIEMAN, BETTY M. STATE ROAD 621E LAKE PLACID FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMAN, BETTY M. STATE ROAD 621E LAKE PLACID FL	2.2 NAME	
STREET ADDRESS	LAKE CLAY DR. LAKE PLACID FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD EICHORN, GEORGINA C. LAKE CLAY DR. LAKE PLACID FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EICHORN, GERALD LAKE CLAY DR. LAKE PLACID FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D EICHORN, GERALD LAKE CLAY DR. LAKE PLACID FL	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		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		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 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: Betty M. Nieman BETTY M. NIEMAN 1-10-98 941-465-3756

CR2E034 (10/97)