

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

FILED  
May 19 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 # 337389  
1. Corporation Name  
A & R TRUCKING COMPANY

Principal Place of Business Mailing Address  
2317 KNOLLWOOD PLACE  
TAMPA, FLORIDA 33604-5734

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME	3. Date Incorporated or Qualified 11-5-68	3a. Date of Last Report 4/96
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1231630	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALETHEA E. PEARSON 2317 KNOLLWOOD PLACE TAMPA, FLORIDA 33604-5734	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
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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 Alethea E. Pearson 5-12-97  
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE NAME ROY T. PEARSON STREET ADDRESS 2317 KNOLLWOOD PLACE CITY-ST-ZIP TAMPA, FL. 33604	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE V-PRESIDENT/DIRECTOR <input type="checkbox"/> DELETE NAME WILLIAM H. HANCOCK STREET ADDRESS 1707 W. REYNOLDS ST. CITY-ST-ZIP PLANT CITY, FL. 33567	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE SECRETARY/DIRECTOR <input type="checkbox"/> DELETE NAME ALETHEA E. PEARSON STREET ADDRESS 2317 KNOLLWOOD PLACE CITY-ST-ZIP TAMPA, FL. 33604	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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: WILLIAM H. HANCOCK 4/29/97 813-752-6183  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)