SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

339486

(3)

S	A	R	٩S	O	TA	TRUCK	ING	SFRVI	CF.	INC.
•		4 97	70	~	17		110	ULITE	VL	1110

SARASOT	A TRUCKING SERVICE,					
Principal Place of	Business	Mailing Address		1 140100 HISO HISO HISO HIS TON \$1007	DIEN DIEN DIDIN DIDIN DIEN DIDIN 1881	
2560 WHITFIELD A SARASOTA FL 34 US		P.O. DRAWER G SARASOTA FL 34230				
		US		3. Date Incorporated or Qualified 12/31/1968	3a. Date of Last Report 02/14/1995	
2. Principal Place	of Business	2a. Mailing Address	HITFIELDAVE	4. FEI Number 59-1226601	Applied For Not Applicable	
Suite, Apt #, e	tc	Suite. Apt #, etc 27	1111100	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Flection Campaign Financing	\$5.00 May Be	
Zip	Country	28 SARASO7	COUNTRY COUNTRY	Trust Fund Contribution	Added to Fees	
4	25	29 3 92 93	30 MANATEL	8. This corporation has trability for in Florida Statutes	Yes No	
	Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Reg	stered Agent	
	ELL, SHARON					
	MHITFIELD AVENUE SOTA FL 34243		82 Street Addre	ess (P.O. Box Number is Not Acceptable	ε)	
Oninc	JOIN 1 E 04240		83			
			84 City		85 Zip Code	
					FL	
office or regis	ne provisions or Sections 607.050 stered agent, or both, in the State amiliar with, and accept the oblig	of Florida, Such change was at	ithorized by the corporation	pration submits this statement for the pur on's board of directors. I hereby accept i	rpose of changing its registered the appointment as registered	
SIGNATURE	amiliar with, and accept the oblig	a.ions of, Section 607.0303, Flor	ida Statutes.			
Sign	ature, typed or postep name of registered ago		Hegistered Agent's gnature require		DATE	
12. Title	OFFICERS AN	ID DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC		
	FUSSELL, SHARON	Deteit	1 1 TITLE 1 2 NAME		Change Addition	
	2560 WHITFIELD AVE		1 3 STREET ADDRESS			
	SARASOTA FL		1 4 City - ST - ZiP			
	S	DELETE	2.1 TITLE		Change Addition	
	DUNHAM, J. CHARLES		2 2 NAME			
	1919 MORRIS AVENUE		23 STREET ADORESS			
DITY-ST-ZIP I	BIRMINGHAM AL 35203	DELETE	2 4 CITY-ST-ZIP		Charas Adda	
NAME		L. J DECER	3 1 TITLE 3 2 NAME		Change Add-tio	
STREET ADDRESS			3 3 STREET ADDRESS			
DITY - ST - ZIP			3.4 CITY - ST - ZIP			
Intle	· · · · · · · · · · · · · · · · · · ·	DELETE	4 1 TITLE		Change Addition	
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHTY - ST - ZIP			4 4 CITY - ST - ZIP			
rifLE		DELETE	5 1 TITLE		Change Addition	
ı						
			5 2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
STREET ADDRESS City-St-Zip	····		5.3 STREET ADDRESS 5.4 City-St-Zip			
STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE		Cnange Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	5 3 STREET ADDRESS 5 4 City - St - ZIP 6 1 Till E 6 2 NAME		Change Additio	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE		Cnange Additio	

further certify that the information and cated 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 617. Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: 9

FULL PRESIDENT (941)756-87/4