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

PROFIT CORPORATION ANNUAL REPORT

1997

Sulte, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # 598049

ROBERT HANCOCK TRUCKING, INC.

(5)

Suite, Apt #, etc.

City & State

FILED May 02 1997 8:00am Secretary of State

\$8.75 Additional

Fee Required

\$5.00 May Be

Principal Place of Business	Mailing Address		ISTI DINEL NIDIK DIDIL NIDIL MENSE IGDI		
ISO N. BOWNESS ROAD DOOEE FL 34761	150 N. BOWNESS ROAD OCOEE FL 34761-2646				
		3. Date incorporated or Qualified 12/21/1978	3a. Date of Last Report 04/26/1996		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied Fo		
₹ 1	26	59-1884719	Not Applica		

Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 9. Name and Address of Current Registered Agent HANCOCK, ROBERT D. JR. 150 N. BOWNESS ROAD OCOEE, FL MH 32761

	Florida Statutes	∟ Yes		0	
	10. Name and Addre	ss of New Register	ed Ager	nt	-
81	Name				
82	Street Address (P.O. Box Number is	Not Acceptable)			
83					
84	City	F	L 85	5 Zip Code	_

5. Certificate of Status Desired

6. Election Campaign Financing

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12			
TITLE	PST	DELETE	1.4 TITLE		Change	Addition			
NAME	HANCOCK, ROBERT D. JR.		1.P NAME						
\$TREET ADDRESS	LAKEVIEW DR.		1.8 STREET ADDRESS						
CITY-ST-ZIP	CHULUOTA FL		1.4 C(1Y - S1 - Z(P						
TITLE		DELETE	2.4 THEE		, ., Change	Addition			
NAME			2.2 NAME						
STREET ADDRESS			2.8 STREET ADDRESS						
CITY-ST-ZIP			2 4 Ci1Y - S1 - ZiP						
TITLE		☐ DELETE	3.4 TITLE		☐ Change	☐ Addition			
NAME			3.P NAME						
STREET ADDRESS			3.8 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY - \$T - ZIP						
TITLE		☐ DELETE	4.1 Ti1L€		☐ Change	Addition			
NAME			4. 2 NAME						
STREET ADDRESS			4.B STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS		:	5.B STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.B STREET ADDRESS						

6.4 CITY - \$1 - ZIP 14. I do hereby certify that the information supplied with this filling 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.