

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

FILED
May 21 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 # 630583 (3)

1. Corporation Name
STONIER TRANSPORTATION GROUP, INC.

Principal Place of Business
2315 BEACH BLVD., SUITE 104
JACKSONVILLE FL 32250

Mailing Address
2315 BEACH BLVD., SUITE 104
JACKSONVILLE FL 32250-4032



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1979		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1921601		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, KEITH H. 8810 GOODBY'S EXECUTIVE DRIVE SUITE A JACKSONVILLE FL 32217				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	S/TREN.
NAME	STONIER, DEANE A.	1.2 NAME	LORAN M. BARBER
STREET ADDRESS	2415 COSTA VERDE BL #316	1.3 STREET ADDRESS	3395 LIGHTHOUSE POINTE LANE
CITY- ST- ZIP	JACKSONVILLE BCH FL	1.4 CITY- ST- ZIP	JACKSONVILLE, FL. 32250
TITLE	P	2.1 TITLE	P
NAME	STEELE, ALLEN J.	2.2 NAME	ALLEN J. STEELE
STREET ADDRESS	1655 BEACH AVENUE	2.3 STREET ADDRESS	7124 RAMOTH DR.
CITY- ST- ZIP	ATLANTIC BCH FL	2.4 CITY- ST- ZIP	JACKSONVILLE, FL. 32226
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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: _____ DATE: 5/3/97 DAYTIME PHONE: 904-247-4336

CR2E034 (9/96)