FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 20 PM 4:03

1. Name of Limited Partnership: ETN TRUCKING LTD

1a. DOCUMENT # A96000001546

Mailing Address: PO Box 770537, OCALA, FLORIDA, 34477-0537

Principal Office Address: 11859 WEST HWY 328, OCALA, FLORIDA 34482

2. Mailing Address: P.O. Box 770537
Suite Apt #, etc.: OCALA FLORIDA
City & State: 34477-0537 USA
Zip / Country

2a. Principal Office Address: 11859 WEST HWY 328
Suite Apt #, etc.:
City & State: OCALA FLORIDA USA
Zip: 34482 Country: USA

3. Date Formed or Registered: AUG. 20 1996

3a. Date of Last Report: N/A.

4. State or Country of Formation: FLORIDA

5a. Capital Contributions as Shown on record: -0-

5b. Amount of Capital Contributions in FLORIDA to date: -0-

6. FEI Number: 59-341-3976 ☑ Applied For *ISSUED ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~11~~ ERNEST NEWTON
11859 WEST HWY 328
OCALA FLORIDA.
34482

10. If changed, new Registered Agent/Office

Name: NO CHANGE
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc.:
City: FL Zip Code:

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
ERNEST NEWTON	11859 W HWY 328	OCALA FLORIDA. 34482	A96000001546
MARY NEWTON	11859 W HWY 328	OCALA, FLORIDA, 34482	

12-27
01/03/97-01018-007
****91.25 ****91.25

CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Mary Newton DATE DEC. 23 1996

Typed or Printed Name of General Partner Signing Form: MARY NEWTON Daytime Telephone Number: 352-873-9334