

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 19 1999 8:00 am  
Secretary of State

1. Name of Limited Partnership  ETN TRUCKING LTD.		1a. DOCUMENT # A96000001546	
Mailing Address P.O. BOX 770537 OCALA FL 34477-0537		Principal Office Address 11859 WEST HWY 328 OCALA FL 34482	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 08/20/1996		5a. Capital Contributions as Shown on record \$0.00	
3a. Date of Last Report 12/12/1997		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3413976	
7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	



9. Name and Address of Current Registered Agent  NEWTON, ERNEST T 11859 WEST HWY 328 OCALA FL 34482		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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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
NEWTON, ERNEST T NEWTON, MARY L	11859 WEST HWY 328 11859 WEST HWY 328	OCALA FL 34482 OCALA FL 34482	

*Delete as partner.*

*dec*

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

12. 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

*E. Newton*

DATE 03-15-99

Typed or Printed Name of General Partner Signing Form

ERNEST NEWTON

Daytime Telephone Number

904-571-3056

CR2E003 (12/98)