


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

FILED
May 01 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 # F94000000817 (6) 1. Corporation Name ECK MILLER TRANSPORTATION CORPORATION			
Principal Place of Business P.O. BOX 248 ROCKPORT IN 47635		Mailing Address P.O. BOX 248 ROCKPORT IN 47635-0248	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 02/18/1994		3a. Date of Last Report 04/19/1996	
4. FEI Number 61-0281268		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	WEAVER, PHIL		
STREET ADDRESS	HWY 231 & 66		
CITY-ST-ZIP	ROCKPORT IN 47635		
TITLE	ST	<input type="checkbox"/> DELETE	
NAME	ELLIOTT, SCOT		
STREET ADDRESS	HWY 231 & 66		
CITY-ST-ZIP	ROCKPORT IN 47635		
TITLE	USHER, JONATHON	<input type="checkbox"/> DELETE	
NAME	USHER, JONATHON		
STREET ADDRESS	HWY 232 & 66		
CITY-ST-ZIP	ROCKPORT IN 47635		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BAKER, JACKSON		
STREET ADDRESS	HWY 231 & 66		
CITY-ST-ZIP	ROCKPORT IN 47635		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	John Delavan		
4.3 STREET ADDRESS	HWY 231 & 66		
4.4 CITY-ST-ZIP	Rockport IN 47635		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97
Date

812-649-5001
Daytime Phone #

CR2E034 (9/96)