

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

FILED

Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G00772** (5)

1. Corporation Name
K W TRUCKING CO.

Principal Place of Business 361 RAND YARD ROAD 1300 S. French Ave P O BOX 1965 SANFORD FL 32772-0965 32771	Mailing Address 361 RAND YARD ROAD P O BOX 1965 SANFORD FL 32772-0965 32772-1965
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/21/1982	
4. FEI Number 59-2226014	Applied For <input type="checkbox"/> 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	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Principal Place of Business 1300 S. French Ave	2a. Mailing Address P.O. Box 1965
22. Suite, Apt. #, etc. # 5	27. Suite, Apt. #, etc.
23. City & State Sanford, FL	28. City & State Sanford, FL
24. Zip 32771	25. Country Seminole
29. Zip 32772	30. Country Seminole

9. Name and Address of Current Registered Agent YATES, EVELENA PUGH 361 RAND YARD ROAD 1300 S. French Avenue SANFORD FL 32771 #5		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, WORTH A SR	1.2 NAME	
STREET ADDRESS	5520 WILSON RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, EVELENA PUGH	2.2 NAME	
STREET ADDRESS	5520 WILSON RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVERLY, HOPE YATES	3.2 NAME	
STREET ADDRESS	1525 EMMETT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: **Hope Yates Beverly** **4-7-98 407-322-4274**

CR2E034 (10/97)