

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 OCT - 3 PM 2:45

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1997

FLORIDA DEPARTMENT OF STATE  
Sandra B. Moorman  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # G03912 (4)  
1. Corporation Name  
COGGINS TRANSPORTATION CORP.

Principal Place of Business  
HIGHWAY 33 SOUTH  
OKAHUMPKA FL 34762

Mailing Address  
P.O. BOX 55  
OKAHUMPKA FL 34762

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/11/1982	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2262773	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
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	

9. Name and Address of Current Registered Agent

COGGINS, LESTER A JR.  
HIGHWAY 33 SOUTH  
OKAHUMPKA FL 34762

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

Dan Denhof  
Highway 33 South  
Okahumpka FL 34762

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/30/97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	COGGINS, LESTER A JR.	
STREET ADDRESS	HIGHWAY 33 SOUTH	
CITY-ST-ZIP	OKAHUMPKA FL 34762	
TITLE	D	DELETE
NAME	GAINEY, HARVEY N	
STREET ADDRESS	6000 CLAY AVENUE, S.W.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	DST	DELETE
NAME	OSTERHOUSE, CARL N	
STREET ADDRESS	6000 CLAY AVENUE, S.W.	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES.	Change	Addition
1.2 NAME	Rakestraw, Harris		
1.3 STREET ADDRESS	Highway 33 South		
1.4 CITY-ST-ZIP	Okahumpka, FL 34762		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	200002314902-2	Change	Addition
3.2 NAME	-10/08/97--01057--012		
3.3 STREET ADDRESS	****550.00 ****550.00		
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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:

Harris Rakestraw

CR2E034 (4/97)