

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # G76139 (6)

1. Corporation Name
BOWLING GREEN TRUCKING COMPANY, INC.

Principal Place of Business

FUSSELL RD
RT. 1, BOX 250 D
BOWLING GREEN FL 33834

Mailing Address

FUSSELL RD
RT. 1, BOX 250 D
BOWLING GREEN FL 33834-9771

3. Date Incorporated or Qualified 12/27/1983	3a. Date of Last Report 04/30/1996
4. FEI Number 59-2357366	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 3992 Fussell Rd.
Suite, Apt. #, etc.

City & State

23 Bowling Green, Fl

24 Zip 33834 Country Hardee

2a. Mailing Address

26 3992 Fussell Rd
Suite, Apt. #, etc.

City & State

28 Bowling Green, Fl

29 Zip 33834 Country Hardee

9. Name and Address of Current Registered Agent

MCCLELLAN, DONALD
FUSSELL RD RT 1 BX 250D
BOWLING GREEN FL 33834

10. Name and Address of New Registered Agent

81 Name
McClellan, Donald
82 Street Address (P.O. Box Number is Not Acceptable)
3992 Fussell Rd.
83 Bowling Green, Fl 33834
84 City Bowling Green FL 85 Zip Code 33834

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MCCLELLAN, DONALD	1.2 NAME	McClellan, Donald
STREET ADDRESS	RT 1 BX 250 D FUSSELL RD	1.3 STREET ADDRESS	3992 Fussell Rd
CITY-ST-ZIP	BOWLING GREEN FL	1.4 CITY-ST-ZIP	Bowling Green Fl
TITLE	ST	2.1 TITLE	ST
NAME	MCCLELLAN, BONNIE	2.2 NAME	McClellan, Bonnie
STREET ADDRESS	RT 1 BX 250 D FUSSELL RD	2.3 STREET ADDRESS	3992 Fussell Rd
CITY-ST-ZIP	BOWLING GREEN FL	2.4 CITY-ST-ZIP	Bowling Green Fl
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Donald McClellan* SIGNATURE: *Bonnie McClellan*

CP2E034 (9/96)