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**PROFIT** CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H38803 DOCUMENT #

1. Corporation Name

(3)

MCKIBBEN TRUCKING, INC.

**FILED** May 23 1996 8:00 am Secretary of State

Principal Place of Business	Mailing Address				
1810 U.S. 175 AVON PARK FL 33825	1810 U.S. 175 AVON PARK FL 33825				
NYUN FARIN FL 03020 NYUN FARIN FL 03020			Date Incorporated or Qualified	3a. Date of Last Report	
			01/22/1985	05/01/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For	
1 1810 US 175	26 1810 US 1	173	NOT AFFEICABLE	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
3 Avon PARK Fl	28 AVON PAR	K FI	Trust Fund Contribution	Added to Fees	
Zip Country	Zip	Country	This corporation has liability for in		
4 33825 25 Highlan	ds [29] 33 <b>8</b> 25	30 Highlands	Florida Statutes Yes  10. Name and Address of New Re	<u></u>	
9. Name and Address of Cui	rrent Registered Agent	81 Name	10. Name and Address of New Ad	egistered Agent	
MCKIBBEN, CHARLES LYNN					
1810 U.S. 175		82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
AVON PARK FL 33825		83			
••••		84 City		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0				FL	
Pursuant to the provisions of sections core     or registered agent, or both, in the State of I     familiar with, and except he offigations of, S     SIGNATURE	Section 607,0505, Holida Stalutes.			5-11-96	
familiar with, and accompline offigations of, S	Section 607,0505, Holida Stalutes.				
familiar with, and accopy he offigations of, SIGNATURE Signature, typed or printed name of registered	Section 607,0505, Holida Stalutes.	Registered Agent signature required.		5-11-96	
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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 17th changed, or on an attachment with an address.

SIGNATURE:

Charles L MK.bbw 5-11-96 453-4700