SECOND N	IOTICE: CORPORATION WILL B	E DISSOLVED ON OR AFTER	AUGUST 7, 1996.		<del></del>
	ON OR BEFORE 8/1/96: \$225 (IF DIS	2	IMENT OF STATE		
	PORATION	- <b>A</b> P	Mortham		
ANNUAL REPORT Secretary of State  1006 DIVISION OF CORPORATIONS					
	1996	DIVISION OF C	ON ORATIONS		
DOCUN 1, Corporation	/ENT # H492	44 (7)			
P.C. HI	ECK & CO., INC.			A MAGNETIC REM BIGUR LANG MANI RIGHT RIGHT	a Biddi Babi: Bibii Bibia Bibii Bibii Albii
Principa! Place	of Business	Mailing Address			
5321 W. HWY 98. SUITE A 5321 W. HWY 98. SUITE A			E A		
P.O.BOX 15157 PANAMA CITY FL 32487 22406		P.O.BOX 15157 PANAMA CITY FL-32401	10406	3. Date Incorporated or Qualified	3a. Date of Last Report
32 (0		321		03/27/1985	08/03/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 59-2526674	Applied for Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
22		City & State		6. Election Campaign Financing	Fee Required  55.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Z(p <b>24</b>	Country 25	Ζ(ρ <b>29</b>	Country 30	This corporation has liability for in Florida Statutes	tangible tax under s. 199 032. Yes No
24	9. Name and Address of Curr		81 Name	10. Name and Address of New Reg	stered Agent
11. Pursuant t	edistered agent, or both, in the Sta	te of Florida. Such change was a	iuthorized by the corpora:	poration submits this statement for the pul ion's board of directors. Thereby accept t	FL 85 Zip Code  pose of changing its registered the appointment as registered
agent Lar SIGNATURE	m familiar with, and accept the obl	igations of, Section 607.0505, FK	onda Statules.		
	Signature typed or pricted name of registered:  OFFICERS A	agent and time if applicable (NO AND DIRECTORS	<ol> <li>Registered Age a signature (equitable)</li> </ol>	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	DE ETE	1.1 TiTLE		Change Addition
NAME STREET ADDRESS	SEIGLER, CARL C. 2312 W 33RD ST		1.2 NAME 1.3 STREET ADDRESS		
CITY ST-2IP	PANAMA CITY FL		1.4 CITY - S1 - ZIP		
TITLE	VD	DELETE	2 1 TO LE 2 2 NAME		Change Addition
NAME STREET ADORESS	HECK, PATSY C. 232A 2ND ST.		2 3 STREET ADORESS		
CITY-ST-ZIP	PANAMA CITY FL	DEVETE	2 4 C(TY - ST - ZIP 3 1 TITLE		Change Addition
TITLE NAME			3 2 NAME		Shangs same
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4 CiTY - ST - ZIP 4.1 TiTLE		Change Addition
NAME			4 2 NAME		
STREET ADORESS			4.3 STREET ADOPESS		
CITY - ST - ZIP TITLE		DELETE	4 4 CITY - ST - ZIP 5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADDRESS			5.3 STHEET ADDRESS 5.4 City - St-Zip		
CITY - ST - ZIP TITLE		DELETE	6 1 TITLE		Change Addition
NAME			€ 2 NAME		

14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fronda 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 it 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF CHING OFFICER OR DIRECTOR

7/16/96 (904)769-2278

CR2E034 (3/96)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000016504 (9) **DOCUMENT #** OSCEOLA TRUCKING INC. Mailing Address Principal Place of Business 3435 PACKARD AVE 3435 PACKARD AVE ST CLOUD FL 34772 ST CLOUD FL 34772 3. Date Incorporated or Qualified 3a. Date of Last Report 02/27/1995 Applied For 2. Principa! Place of Business Mailing Address SAME Not Applicable 26 SAME 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Country Zια Country Zip Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SAME DAVIS, ROBBIE J 82 Street Address (P.O. Box Number is Not Acceptable) 3435 PACKARD AVE ST CLOUD FL 34772 83 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0506, Florida Statutes. SIGNATURE DAD (NOTE: Registered Agent signature required when reinstating) Signature, typed or pinite thank of registered agent and their applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/c)OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 DILE TITLE CR2E034 DAVIS, ROBBIE J 1.2 NAME NAME 3435 PACKARD AVE 1.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 1.4 CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition 2.1 THIE TITLE 2.2 NAME DAVIS, JERRY E NAME 3435 PACKARD AVE 2.3 STREET ADDRESS STREET ADDRESS ST CLOUD FL 34772 2 4 CITY - ST - ZIP CITY - ST - ZIP Change \_\_\_\_ Addition DELETE 31 liJi£ TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-7IP CITY-ST-7IP Change Addition DELETE 4.1 THILE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE

14. I do hereby certify that the information supplied with this filing is volunitarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my's gnature 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Brock 12 or Block 13 if changed, or on an attachment with an address.

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5 4 CHTY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY - ST - ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

DELETE

Pappie J. DAVIS 8/6/96

8927888 Dayme Phose 1

Change Addition