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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H57666

(0)

SOUTHERN CRUSHING SERVICE, INC.

FILED
May 05 1997 8:00am
Secretary of State

54-1-15		14-11- A. M	<u> </u>			
Principal Place of Business Mailing Address						
2111 OAK H VALRIOO FL		2111 OAK HILL DRIVE 2111 OAK HILL DRIVE				
US		VALRICO FL 33594-463 US	36		Date Incorporated or Qualified	3a. Date of Last Report
		08			05/20/1985	04/16/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For ,
21		26		59-2544864	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ζιp	Countr	у	8. This corporation has liability for i	
24			30		Florida Statutes X Yes No	
	9, Name and Address of Curre	ent Registered Agent		of a large and a common	10. Name and Address of New Re	gistered Agent
	OBB, JAMES E.		81	Name		
	111 OAK HILL DRIVE ALRICO FL 33594		82	82 Street Address (P.O. Box Number is Not Acceptable)		
WALRIOU PL 33384			83	3		
				84 City 85 Z-p Code		85 Z⊧p Code
				" "	rporation submits this statement for the pation's board of directors. I hereby accep	FL `
SIGNATURE	Signature, typed or printed name of registered a	agent and little if applicable (ND DIRECTORS	(NOIL flegislered As	gent signature requ	ured when roinstaling) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	DP OF IOLITIS X	DELETE	11100		7,0011010,011,0100,100,100	Change Addition
NAME	The course of		1,2 NAME			
STREET ADDRESS	A		1.3 STREET ADDRESS			
CITY-ST-ZIP	VALRICO FL		1.4 CITY-	ST-ZIP		
TITLE	DV	DELETE	2 1 117LE			Change Addition
NAME			2.2 NAME	Į.		
STREET ADDRESS	— · · · · · · · · · · · · · · · · · · ·		l l	1 ADDRESS		
CITY-ST-ZIP	VALRICO FL OST			- \$1 - ZIP		Change Addition
NAME	COBB, NANCY		3 1 THILE 3 2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	VALRICO FL			- S1 - ZIF		
TITLE	DV	DELETE	4 1 TITLE			Change Addition
NAME	WINSLOW, RICHARD		4 2 NAM	E		
STREET ADDRESS			4 3 \$1RE	E1 ADDRESS		
CITY-ST-ZIP	VALRICO FL		4.4 C/TY-			
TITLE			51 TIME			Change Addition
NAME			5.2 NAME	1		
STREET ADDRESS	5			ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CHY 6.1 UILE			Change Addition
1 mile	1		0.1 0100			onlings noother

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 logal effect as if made under eath, 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 prock 13 if changed, gion an attachment with an address.