


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

FILED
Jul 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McPham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H97619 (1) 1. Corporation Name UNION TRUCKING, INC.		



Principal Place of Business 34 N. MARION ST P.O. BOX 1789 LAKE CITY FL 32056-1789	Mailing Address 34 N. MARION ST P.O. BOX 1789 LAKE CITY FL 32056-1789
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2. Principal Place of Business 21 228 East Duval St. Suite, Apt. #, etc. 22 City & State 23 Lake City, FL Zip Country 24 32055 25 USA		2a. Mailing Address 26 228 East Duval St. Suite, Apt. #, etc. 27 City & State 28 Lake City, FL Zip Country 29 32055 30 USA		3. Date Incorporated or Qualified 02/05/1986	3a. Date of Last Report 05/01/1996
				4. FEI Number 59-2629267	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GAFFORD, FRANK M. 34 N. MARION STREET LAKE CITY FL 32055		10. Name and Address of New Registered Agent 81 Name Frank M. Gafford 82 Street Address (P.O. Box Number is Not Acceptable) 228 East Duval St. 83 Lake City, FL 84 City FL 85 Zip Code 32055	
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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 _____ (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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, WARREN	1.2 NAME	
STREET ADDRESS	1627 MYRTLE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBIN P.	2.2 NAME	
STREET ADDRESS	185 N.W. 4TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robin P. Wilson

Robin P. Wilson

904-496-1690

CR2E034 (9/96)