

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J01277 (9)**

1. Corporation Name
DASU TRUCKING, INC.



Principal Place of Business
**% RICHARD C. PEPPER JR.
3020 HARTLEY RD., STE. 350
JACKSONVILLE FL 32257**

Mailing Address
**3020 HARTLEY RD
SUITE 350
JACKSONVILLE FL 32257
US**

3. Date Incorporated or Qualified **02/27/1986** 3a. Date of Last Report **07/25/1995**

4. FEI Number **59-2641634** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Sub: Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Sub: Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**PEPPER, RICHARD C., JR.
3020 HARTLEY ROAD
SUITE 350
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
Signature of person in charge of filing this report Signature of Registered Agent (if not the same person as the filer) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	1.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	1.3 STREET ADDRESS	
TITLE	TITLE	1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	2.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	2.3 STREET ADDRESS	
TITLE	TITLE	2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	3.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	3.3 STREET ADDRESS	
TITLE	TITLE	3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	4.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	4.3 STREET ADDRESS	
TITLE	TITLE	4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	5.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	5.3 STREET ADDRESS	
TITLE	TITLE	5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS	6.2 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	6.3 STREET ADDRESS	
TITLE	TITLE	6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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), 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: *Susan A Lewis* **Susan A Lewis** 2-13-96 9047245280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER

CR2E034 (12/95)