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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # J95661 (1)
1. Corporation Name
A.L. BERNDT TRUCKING, INC.



Principal Place of Business: C/O RUTH EILEEN BERNDT, 4197 SOUTHWEST 13TH WAY, OKEECHOBEE FL 34974
Mailing Address: C/O RUTH EILEEN BERNDT, 4197 SOUTHWEST 13TH WAY, OKEECHOBEE FL 34974-6032

3. Date Incorporated or Qualified: 10/02/1987
3a. Date of Last Report: 04/26/1996
4. FEI Number: 65-0010188
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: BERNDT, RUTH EILEEN, 4197 SOUTHWEST 13TH WAY, OKEECHOBEE FL 34974
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: RUTH EILEEN BERNDT (typed) Ruth Eileen Berndt (handwritten)
DATE: 4-10-97

12. OFFICERS AND DIRECTORS
1. TITLE: D, NAME: BERNDT, ALVIA LEROY, ADDRESS: 4197 SW 13TH WAY, OKEECHOBEE FL
2. TITLE: ST, NAME: BERNDT, RUTH EILEEN, ADDRESS: 4197 S.W. 13TH WAY, OKEECHOBEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP
2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP
3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP
4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP
5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP
6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 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: Alvia Leroy Berndt (typed) Alvia Leroy Berndt (handwritten)
DATE: 4/10/97 - 941-467-1899

CR2E034 (9/96)