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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	1997	Becretary of State			Secretary of State			
	MENT # K n Name E TRUCKING, IN		(5)			i 168 (8) (1 80) 1 80) 1 80 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8) 8 (8)	-y Bran aran eran dian aran	Birii 1881:
Principal Place of Business N ALBERT V. MCGUIRE 221 N. HAGAN RD GREENVILLE FL 32331		% . 221	Mailing Address % ALBERT V. MCGUIRE 221 N. HAGAN RD GREENVILLE FL 32331					
						3. Date Incorporated or Qualified 02/26/1988	3a. Date of Last R 05/01/1996	eport
2. Principal Place of Business 21 Suite, Apt. #, etc.			2a. Mailing Address 26 PO Box 2/3 Suite, Apt. #, etc.			4. FEI Number 58-1782431	No	oplied For of Applicable
22 City & State			27 City & State			Certificate of Status Desired	□ \$8.75 / Fee Re	equired
Zip Country			28 Greenville +1			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
24 Zip	25	29 ess of Current Regist	32331	Country 30	·	This corporation has liability for in Florida Statutes 10. Name and Address of New Reg.	Yes KNo	. 199.032,
221 N. HAGAN RD GREENVILLE FL 32331 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the a					City	ress (P.O. Box Number is Not Acceptable poration submits this statement for the property is possed of directors in both acceptable.	FL 85 Zip 0	Code s registered
SIGNATURE	m familiar with, and ac					tion's board of directors. I hereby accep	DATE	registered
12.		OFFICERS AND DIREC		13.	ar vigitatoro rodos	ADDITIONS/CHANGES TO OFFIC		IS IN 12
TITLE Name Street address	PD MCGUIRE, ALBER P O BOX 213 N/A GREENVILLE FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET			Change	☐ Addition
CITY - S1 - ZIF	<u> </u>		DELETE	1.4 CITY+ST-ZIP 2.1 TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MCGUIRE, JOANN P O BOX 213 N/A GREENVILLE FL			2.2 NAME 2.3 STREET 2.4 City-1	1		· Ondigo	
TITLE NAME STREET ADDRESS			☐ DELETE	31 TITLE 32 NAME 33 STREET			Change	Addition
CITY-ST-ZIP THLE NAME		· · · · · · · · · · · · · · · · · · ·	☐ DELETE	3.4. City - 5 4.1 Title 4. 2 Name	ST - ZIP		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE			☐ DELETE	4.3 STREET 4.4 CITY - S 5.1 TITLE			Change	Addition
NAME STREET ADORESS CITY-ST-ZIP				5.2 NAME 5.3 STREET 5.4 CITY+S	·			
NAME STREET ADDRESS			☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET	ADDRESS		Change	Addition
CITY-ST-ZIP				6.4 CITY - S	T-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.

FILED

Jan 31 1997 8:00am