

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90224 033 ***158.75

DOCUMENT # K47329

1. Corporation Name

T & T TRUCKING, INC.

Principal Place of Business

504 N BROAD ST
604 N. BROAD STREET
BROOKSVILLE FL 34601
US

Mailing Address

504 N BROAD ST
604 N. BROAD STREET
BROOKSVILLE FL 34601
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

TERRY, DARLENE MARGARET
504 N. BROAD STREET
BROOKSVILLE FL 34601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1988

4. FEI Number

65-0101931

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 owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name Louise M. Lamont

82 Street Address (P.O. Box Number is Not Acceptable)

14352 Ponce De Leon Blvd

83

84 City Brooksville FL 85 Zip Code 34601

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 *Louise M. Lamont*
Signature, typed or printed name of registered agent and title if applicable.

Louise M. Lamont Sec. Treas.
(NOTE: Registered Agent signature required when reinstating)

April 23, 1999
DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME TERRY, JERRY B.
STREET ADDRESS 14352 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE VST
NAME TERRY, DARLENE MARGARET
STREET ADDRESS 14352 PONCE DE LEON BLVD
CITY-ST-ZIP BROOKSVILLE FL 34601

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Darlene M. Terry
1.3 STREET ADDRESS 14352 Ponce De Leon Blvd.
1.4 CITY-ST-ZIP Brooksville FL 34601

2.1 TITLE V.P.
2.2 NAME Jerry B. Terry
2.3 STREET ADDRESS 14352 Ponce De Leon Blvd
2.4 CITY-ST-ZIP Brooksville FL 34601

3.1 TITLE Sec. & Treas.
3.2 NAME Louise M. Lamont
3.3 STREET ADDRESS 14352 Ponce De Leon Blvd
3.4 CITY-ST-ZIP Brooksville FL 34601

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 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99 352-79634
Date Daytime Phone #

CR2E034 (1/98)