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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K75408

(0)

3 L'S TRUCKING OF FLORIDA, INC.

FILED Feb 04 1997 8:00am Secretary of State

- 1 			II a ibh bhar na

Principal Place of Business			Mailing Address			A IMMINITE DIT IMMOT MITTE MAINT THAT	DIMLE MARKE AT	EII MINII NIÜLI	# #	
7403 NIGHTWAI BROOKSVILLE			7403 NIGHTWALKER RD. BROOKSVILLE FL 34613-5312							
							3. Date Incorporated or Qualified 03/24/1989		e of Last R 5/1996	eport
2. Principal Pl	ace of Business	2a. N	Mailing Address				4. FEI Number		Ar	plied For
21		26					59-2940257		No	t Applicable
Suite, Apt. (⊭, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional
22		27					5. Certificate of Status Desired	لسبا	Fee Re	equired
City & State		(City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added	to Fees
Zip	Country	, Z	?ip	Cou	ntry		8. This corporation has fiability for i			. 199.032,
24	25	29		30				Yes [
	9. Name and Address of Curren	t Registe	red Agent			····	10. Name and Address of New Re	platered A	gent	
	NOSA, CHRISTOPHER				81	Name	•			
7403 NIGHTWALKER RD. BROOKSVILLE FL 34613-3345					82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
					83		· · · · · · · · · · · · · · · · · · ·			
					64	City	**************************************	FL	85 Zip	Code
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the oblig	2 and 607 of Florida ations of, 1	7.1508, Florida Stati Such change was Section 607.0505, F	utes, the at authorized lorida Stat	oove d by utes	e-named corpora the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep		changing it intment as	s registered registered
SIGNATURE	Signature, typed or printed name of registered age	int and title if	anojwahla (MC	TE: Poninteen	1 400	ot cinontute toqui	red when rainstating)	DATE		
12.	OFFICERS AN			13.	7.00	ar signature requi	ADDITIONS/CHANGES TO OFFICE		DIRECTOR	S IN 12
THUE	D	E-11-1E-17-1	DELETE	1.1 TI	TLE		7.001707071117020707770		Change	Addition
NAME	ESPINOSA, CHRISTOPHER			1.2 N/				,		
STREET ADDRESS	7403 NIGHTWALKER RD.					ADDRESS				
CITY-S1-ZIP	BROOKSVILLE FL			1.4 GI		!				
TITLE	DP		DELETE	211		13 - EIF			Change	Addition
NAME	ESPINOSA, CHRISTOPHER			2.2 N/				,	- Dinnings	hand I locality
STREET ADDRESS	7403 NIGHTWALKER RD.					ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL					ST-ZIP		خيائر		
TITLE		***************************************	DELETE	3111		31-21			Change	Addition
NAME				3.2 N/				'		,,
STREET ADDRESS						ADDRESS				
CITY-SI-ZIP						ST-ZIP				
TITLE			DELETE	4.1 TI		J - 4.11			Change	Addition
NAME				4.2 N		-		'		
STREET ADDRESS						ADORESS				
CITY-S1-ZIP				4.4 CI						
TITLE			DELETE	5.1 70					Change	Addition
NAME			<u> </u>	5.2 NA				'		
STREET ADDRESS				. E		ADDRESS				
CHY-SI-709				5.4 CI						
TITLE			DELETE	6.1 TI		11-215			Change	Addition
NAME			had better	6.1 N				!	oranga	ridonigii
STREET ADDRESS						ADDRESS				
				. I		ADDRESS				
CITY-ST-ZIP				6.4 CI	1Y-S	I - 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: X

557.2772