

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

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AND
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97 OCT 22 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 AMENDED |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # L20949
1. Corporation Name
B. Buchanan Trucking, Inc.

Principal Place of Business Mailing Address
**698 Sapp Road
New Smyrna Beach, FL 32168**

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 SAME AS ABOVE | 26 SAME AS ABOVE |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 29 Zip |
| 25 Country | 30 Country |

| | |
|---|--|
| 3. Date Incorporated or Qualified October 3, 1989 | 3a. Date of Last Report |
| 4. FEI Number 59-2981379 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
**Michelle Buchanan
698 Sapp Rd.
New Smyrna Beach, FL 32168**

| |
|---|
| 10. Name and Address of New Registered Agent |
| 81 Name Buck C. Buchanan |
| 82 Street Address (P.O. Box Number is Not Acceptable) 698 Sapp Road |
| 83 |
| 84 City New Smyrna Beach, FL |
| 85 Zip Code 32168 |

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 Buck C. Buchanan DATE 10-19-97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

| | |
|----------------------------|---|
| 12. OFFICERS AND DIRECTORS | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | President Buck C. Buchanan |
| STREET ADDRESS | 698 SAPP RD. |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Vice President Kenneth R. Buchanan |
| STREET ADDRESS | ORANGE AVENUE |
| CITY-ST-ZIP | PORT ORANGE, FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | Secretary LENARD GRINER |
| STREET ADDRESS | 289 TIMBERCREEK RD. |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | Michelle Buchanan |
| STREET ADDRESS | 698 SAPP RD. |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | Cecil Buchanan |
| STREET ADDRESS | Star Rt., Box 63 |
| CITY-ST-ZIP | BUNNELL, FL 32110 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 1.1 TITLE | Secretary Lenard Griner |
| 1.2 NAME | 289 TIMBERCREEK RD. |
| 1.3 STREET ADDRESS | ORMOND BEACH, FL 32174 |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | 400002328514-- 7 |
| 3.3 STREET ADDRESS | -10/23/97--01106--002 |
| 3.4 CITY-ST-ZIP | *****61.25 *****61.25 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | O. Alaw |
| 6.3 STREET ADDRESS | 10/22/97 |
| 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: Buck C. Buchanan DATE 10-10-97 (904) 426-0954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)