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 #

L57396

APPROVEU AND FILED JUL 18 PM 12: 2

97 JUL 18 PM12: 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HILES TRUCKING COMPANY						
Principal Place of Business Mailing Address 18244 NW 41 PIfface						
- OB (1100 11100			-			
Mianu Fl. 33055 Miani Fl. 33055			<i>3</i> .3	3. Date Incorporated or Qualified O3. 09. 199	d 3a. Da	ate of Last Report
2. Principal Place of Business	2a. Mailing Address 26			4. FEI Number	99	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip Country 24 25	Zip 30	¬ '		This corporation has liability for Florida Statutes	~ -	tax under s. 199.032,
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
Miles, CARL W. 123659W BST. Pembroka Piron, R. 33029			Name	400002	245	9743
			82 Street Address (P.O. Box Number is NolA (2009) 701138019 ****165.00 ****165.00			
			·			
			City		FL	85 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 Stonature typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
Signature, typed or printed name of registered agent and title it applicable (NOTE Registered 12) OFFICERS AND DIRECTORS 13.			erg-rations requires	ADDITIONS/CHANGES TO OF		DIRECTORS IN 12

TITLE __ DELETE NAME STREET ADDRESS 33059 CITY-ST-ZIP Ribb I TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP DELETE TITLE NAME

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:

STREET ADDRESS

SUMMAN CAPLINING SPICER OF DIRECTOR

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Daytime Phone #

4000-676-438

CR2E034 (9/96)