

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L69067** (1)
1. Corporation Name
ROBERTS TRUCKING, INC.

Principal Place of Business
**16240 SAM C RD
BROOKSVILLE FL 34613**

Mailing Address
**P.O BOX 832
BROOKSVILLE FL 34605**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16240 Sam C Rd Suite, Apt. #, etc. 22 City & State 23 BROOKSVILLE FL Zip 24 34613		2a. Mailing Address 25 P.O Box 832 Suite, Apt. #, etc. 27 City & State 28 BROOKSVILLE FL Zip 29 34605 Country 30 FLORIDA		3. Date Incorporated or Qualified 04/30/1990	
		4. FEI Number 59-3008111		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ROBERTS, E.L. 16240 SAM C RD BROOKSVILLE FL 34605				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ROBERTS, E.L.	1.2 NAME	
STREET ADDRESS	16240 SAM C RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	ROBERTS, DARLENE	2.2 NAME	ROBERTS DARLENE
STREET ADDRESS	P.O. BOX 832 NA	2.3 STREET ADDRESS	16240 SAM C RD.
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34605
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  4/12/98 352-296-2198

CR2E034 (10/97)