


Before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company TRUCKERS BUSINESS SERVICES, LC 2189 Cleveland St. Ste. 210 Clearwater FL 33765		DOCUMENT # L97000000027	
2. Principal Place of Business 2189 Cleveland St. Suite, Apt. #, etc. 210 City & State Clearwater FL Zip 33765 Country Pinellas		2a. Mailing Address 2189 Cleveland St. Suite, Apt. #, etc. 210 City & State Clearwater FL Zip 33765 Country Pinellas	
3. Date Organized or Qualified 01/07/97		3a. State of Formation FL	
4. FEI Number 59-3417413		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent G. T. Mayer 2189 Cleveland St. Ste. 210 Clearwater FL 33765		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <u>G. T. Mayer</u> DATE <u>5/21/98</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title Man	Managing Members/Managers G. T. Mayer	Business Street Address 2189 Cleveland St. 210	City, State and Zip Code Clearwater FL 33765
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: <u>G. T. Mayer</u> DATE <u>5/21/98</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			