

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

FILED

Feb 27 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40467** (3)

1. Corporation Name  
**DMR TRUCKING, INC.**

Principal Place of Business

**157 6TH AVE NE  
ST PETERSBURG FL 33701  
US**

Mailing Address

**157 6TH AVE NE  
ST PETERSBURG FL 33701  
US**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 155 6TH AVENUE, NE</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 ST. PETERSBURG, FL</b> Zip Country <b>24 33701-3007 25 US</b>		<b>2a. Mailing Address</b> <b>26 155 6TH AVENUE, NE</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 ST. PETERSBURG, FL</b> Zip Country <b>29 33701-3007 30 US</b>		<b>3. Date Incorporated or Qualified</b> <b>09/14/1992</b> <b>4. FEI Number</b> <b>62-1444790</b> Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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g. Name and Address of Current Registered Agent

**WILLIAMS, RUBY B.  
157 SIXTH AVE. N.E.  
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

<b>81</b>	Name	<b>WILLIAMS, RUBY B.</b>
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)	<b>155 6TH AVENUE, NE</b>
<b>83</b>		
<b>84</b>	City	<b>ST. PETERSBURG FL</b>
<b>85</b>	Zip Code	<b>33701</b>

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	CP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS RUBY B.</b>	1.2 NAME	<b>WILLIAMS, RUBY B.</b>
STREET ADDRESS	<b>157 SIXTH AVE. N.E.</b>	1.3 STREET ADDRESS	<b>155 6TH AVE., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	1.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, WILLIAM G</b>	2.2 NAME	
STREET ADDRESS	<b>50 SHALLOW FORD RD., P.O. BOX 3193</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHATTANOOGA TN</b>	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMMONS, NOBEL J. III</b>	3.2 NAME	<b>SIMMONS, NOBEL J. III</b>
STREET ADDRESS	<b>157 SIXTH AVE. N.E.</b>	3.3 STREET ADDRESS	<b>155 6TH AVE., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	3.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, RUBY B.</b>	4.2 NAME	<b>WILLIAMS, RUBY B.</b>
STREET ADDRESS	<b>157 SIXTH AVE. N.E.</b>	4.3 STREET ADDRESS	<b>155 6TH AVE., NE</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	4.4 CITY-ST-ZIP	<b>ST. PETERSBURG, FL 33701</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

*Ruby B. Williams CP-ST* 2/23/98 813 822-1602

CP2E034 (10/97)