

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 # P93000026781 (3)

1. Corporation Name

H & N TRUCKING, INC.

Principal Place of Business

4957 EASTWIND STREET
ORLANDO FL 32812

Mailing Address

4957 EASTWIND STREET
ORLANDO FL 32812-2733

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 30 Country

9. Name and Address of Current Registered Agent

COOLEY, R. EDWARD
1450 S.R. 434 WEST
SUITE 200
LONGWOOD FL 32750

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 607.0508, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

TITLE: PD
NAME: ZORN, HOWARD L
STREET ADDRESS: 4957 EASTWIND STREET
CITY-ST-ZIP: ORLANDO FL 32812

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE: STD
NAME: ZORN, NORMA
STREET ADDRESS: 4957 EASTWIND STREET
CITY-ST-ZIP: ORLANDO FL 32812

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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: *Sandra B. Mortham*

FILED
May 13 1997 8:00am
Secretary of State



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