

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

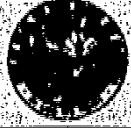
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**

**FLORIDA DEPARTMENT OF STATE
Sandra B. Apthorn
Secretary of State
DIVISION OF CORPORATIONS**



DOCUMENT # P93000059691 (4)

1. Corporation Name
A.M.C. TRUCKING, INC.

Principal Place of Business Mailing Address

**5024 ROLLINGLEN LOOP, E
LAKELAND FL 33809** **5024 ROLLINGLEN LOOP, E
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	08/18/1993	05/01/1994
22	City & State	27	City & State	4. FEI Number	Applied For:
23	Zip	28	Zip	59-3198012	<input type="checkbox"/> Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fees Required:
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees:
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
COTHRON, ANDREW M 5024 ROLLINGLEN LOOP, E LAKELAND FL 33809				b1 Name	
				b2 Street Address (P.O. Box Number is Not Acceptable)	
				b3	
				b4 City	
				85 Zip Code	
				LAKELAND	FL 33809

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 family with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE: Doris D. Cothron DATE: 3/5/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTHRON, ANDREW M	1.2 NAME	
STREET ADDRESS	5024 ROLLINGLEN LOOP, E	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTHRON, DORIS D	2.2 NAME	COTHRON, Doris D.
STREET ADDRESS	5024 ROLLINGLEN LOOP, E	2.3 STREET ADDRESS	5024 Rollinglen Loop, E.
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	Lakeland FL 33809
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Doris D. Cothron DATE: 3/5/95 (Typed Name) 8B-858-5477

Signature and typed or printed name of signing officer or director