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

CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#
4 Comparation Name	

1. Corporatio	MENT# <b>P93U</b> TRUCKING, INC.	00076156 (7	)		
Principa! Place	e of Business	Mailing Address		I IDEANOCH HER IDNOU HINN DRAKK DD	111 BONT BONT 1981 BUT 11 11 11 11 11 11 11 11 11 11 11 11 11
1613 BISA DELTONA	MARCK DRIVE FL 32725	1613 BISMARCK DRIVE DELTONA FL 32725	•		
				<ol> <li>Date Incorporated or Qualified 11/03/1993</li> </ol>	3a. Date of Last Report 03/28/1995
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# etc	Suite, Apt. #, etc.		59-3205144	Not Applicable
22	, 5.6.	27		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for in	
24	25	29 [	30		□No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
OLAISTI.			81 Name S	MiTH COSSIA	$\mathcal{A}$
	I, ODESSA A		82 Street Add	1822 the Check Morning is not welconsoli	e)
	BISMACK DRIVE			110 THREE ACR	es lane
DECIC	DNA FL 32725		83	2	
			84 City	0.000	■ 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508. Florida Statutos	the should page of source	RANGE CITY ation submits this statement for the purp	- FL   15 つけだく
or register	ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authorized	by the corporation's boar	allori submits this statement for the purp rd of directors. I hereby accept the appoi	iose of changing its registered office intraent as registered agent. Lam
Test Fillings Far	in, and accept the obligations of, Sect	ion 607.0505, Fiorida Statutes.	0		• •
SIGNATURE _	Signature typed or printed name of registered agent	and title if applicable. (NOTE)	Personal Agent signature required	HPQIL	14,1996
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1. 1 THILE		☐ Change ☐ Addition
NAME	WHITEHEAD, RICHARD		1.2 NAME		
STREET ADDRESS	1613 BISMARCK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELTONA FL		1.4 CITY - ST - ZIP		
TITLE	VTSD	□ DELETE	2. 1 THTLE		Change Addition
NAME	SMITH, ODESSA		2.2 NAME		
STREET ADDRESS	1613 BISMARCK DR		2.3 STREET ADDRESS		ŀ
CITY-ST-ZIP TITLE	DELTONA FL		24 CITY - ST - ZIP		
NAME		☐ DELETE	3 1 TITLE		Change Addition
STREET ADDRESS			3 2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE		DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE		Change C 44400
NAME			4.2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CiTY-ST-ZIP			4.4 CHTY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME		•	5.2 NAME		C armide C vonting
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6. 1 THTLE		☐ Change ☐ Addition
NAME			6.2 NAME		- · <b>-</b>
STREET ADDRESS			6.3 STREET ADDRESS		1

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: (