

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000037481 (6)

1. Corporation Name
CLASSIC TRUCKING, INC.



Principal Place of Business
5950 SE 138TH STREET
HOBE SOUND FL 33455

Mailing Address
P.O. BOX 891
HOBE SOUND FL 33475
US

3. Date Incorporated or Qualified 05/16/1994 3a. Date of Last Report 05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	65-0494407	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JENKINS, PAULA K. 8756 SE BAHAMA CIRCLE 50 KINDRED ST. HOBE FL 33455	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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP JENKINS, PAULA 8756 SE BAHAMA CIRCLE HOBE SOUND FL 33455	1.1 TITLE	Change Addition
NAME	JENKINS, SCOTT A	1.2 NAME	
STREET ADDRESS	8756 SE BAHAMA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP	
TITLE	DST JENKINS, DONALD A	2.1 TITLE	Change Addition
NAME	8756 SE BAHAMA CIRCLE	2.2 NAME	
STREET ADDRESS	HOBE SOUND FL 33455	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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: Paula K. Jenkins PAULA K. JENKINS 4/1/96 407-546-2863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)