


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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P94000041566 (8) 1. Corporation Name CIRCLE M TRUCKING, INC.		



Principal Place of Business 2885 CALUMET CIRCLE JACKSONVILLE FL 32250	Mailing Address 2885 CALUMET CIRCLE JACKSONVILLE FL 32250-1607
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2. Principal Place of Business 21 2947 San Pablo Rd., So.		2a. Mailing Address 26 2947 San Pablo Rd., So.		3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report 04/26/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3245217	Applied For <input type="checkbox"/> Not Applicable
22 City & State Jacksonville		27 City & State Jacksonville		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 32224	Country Duval	28 Zip 32224	Country Duval	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 32224		25 Duval		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MORONGELL, LINDA C 2885 CALUMET CIRCLE JACKSONVILLE FL 32250		10. Name and Address of New Registered Agent 81 Name Linda C. Morongell 82 Street Address (P.O. Box Number is Not Acceptable) 2947 San Pablo Rd., So. 83 84 City Jacksonville FL 85 Zip Code 32224	
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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 <input type="checkbox"/> DELETE	1.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORONGELL, MICHAEL A	1.2 NAME	SAME
STREET ADDRESS	2885 CALUMET CIRCLE	1.3 STREET ADDRESS	2947 San Pablo Rd., So.
CITY-ST-ZIP	JACKSONVILLE FL 32250	1.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORONGELL, LINDA C	2.2 NAME	SAME
STREET ADDRESS	2885 CALUMET CIRCLE	2.3 STREET ADDRESS	2947 San Pablo Rd., So.
CITY-ST-ZIP	JACKSONVILLE FL 32250	2.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<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 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: *Linda C. Morongell* **Linda C. Morongell** 4-22-97 904-223-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)