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

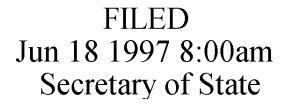
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TOOT TOOT TRUCKING, INC.

Principal Place of Business

Mailing Address

2312 EAST 110TH AVENUE TAMPA FL 33612 2312 EAST 110TH AVENUE TAMPA FL 33612-6237



3a. Date of Last Report



3. Date Incorporated or Qualified

						05/	05/01/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4, FEI Number			pplied For
21		26		59-3247569		No	ot Applicable	
Suite, Apt. #, etc.		├- ¬	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional
22		27			51 Sammada of Gianas Soures		Fee Re	equired
City & State		City & State			6. Election Campaign Financing	_	\$5.00	May Be
23 Zin		28	T		Trust Fund Contribution			to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for			. 199.032,
24	25 Name and Address a	29 of Current Registered Agent	30		Florida Statutes	Yes	-	
ri r		or Current Registered Agent	8	1 Name	10. Name and Address of New	tegistered /	Agent	
FLEMING, THOMAS R 2312 EAST 110TH AVENUE				Manie				
				82 Street Address (P.O. Box Number is Not Acceptable)				
IAN	MPA FL 33612		83					
			°	3				
			8	4 City			85 Zip (Code
44 5						FL	. `	
OUICE OF	registered agent, or both, in	the State of Florida. Such change was	authorized l	oarpo darba	orporation submits this statement for the ration's board of directors. I hereby acc	purpose of ept the ann	changing it	s registered
agent. L	am familiar with, and accept	the obligations of, Section 607.0505, F	lorida Statut	eś		app and app	on arriving the	. Ugiotor Ud
SIGNATURE				***************************************				
12.	Signature, typed or printed name of re	gistured agent and title if applicable. (NO CERS AND DIRECTORS		gent signature re	quired when reinstating)	DATE		
TITLE	I n	DELETE	13.	———	ADDITIONS/CHANGES TO OFF	ICERS AND		
NAME	FLEMING, THOMAS R				y Pres		Change Change	□ Addition
	2312 EAST 110TH AVE	im ie	1.2 NAMI	1				
STREET ADDRESS	TAMPA FL 33612			ET ADDRESS			35	
CITY-ST-ZIP TITLE	IAMEA EL 33012	DELETE	1.4 CiTY				[] 05	1.122
NAME		C bettie	21 1ITLE				∐ Change	Addition
			2.2 NAME					
STREET ADDRESS				E1 ADDRESS				
CITY-ST-ZIP TITLE			2.4 CITY - ST - ZIP				—	1.420
NAME		DELETE	3.1 T(T) &				☐ Change	Addition
			3.2 NAM6	4				
STREET ADORESS			i i	TADDRESS				
CITY-ST-ZIP TITLE	····	☐ DELE1E	3.4. CITY	······································			<u> </u>	1.4495
	I		4.1 TITLE				☐ Change	Addition
NAME STREET ADDRESS			4. 2 NAM					
				1 ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CITY- 5.1 THLE				Change	1 2 2141
NAME		L. Uttere		-			Change	Addition
			5.2 NAME	1				
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-				0,	117760
TITLE		☐ DELETE	6.1 7ITLE		:		Change	☐ Addition
NAME OTDEET 4 DEDESOR			6.2 NAME					
STREET ADDRESS				1 ADDRESS				
14. I do here	by padily that the information	a malical with this filing day	6.4 CITY	ST-ZIP	4: 5 // 440 07/07/0 5			
information appears	on indicated on this annual re officer or director of the corpo in Block 12 or Block 13 if cha	i supplied win this filling does not qua eport or supplemental annual report is oration or the recoiver or trustee empo or on an attachment with an ac	Hily for the ex true and acc wered to exe Idress.	emption stat curate and th cute this rep	ed in Soction 119 07(3)(i), Florida Statu lat my signature shall have the same le lort as required by Chapter 607, Florida	ies. I turther gal offect as .Statutes; ar	certify that if if made und ad that my n	the der oath; that lame