

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 19 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000043421 (4)

1. Corporation Name
 TOOT TOOT TRUCKING, INC.



Principal Place of Business
 2312 EAST 110TH AVENUE
 TAMPA FL 33612

Mailing Address
 2312 EAST 110TH AVENUE
 TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1994

2. Principal Place of Business
 21 SAME AS ABOVE
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip
 24
 Country
 25 HILLSBOROUGH
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip
 29
 Country
 30 U.S.A.

4. FEI Number
 59-3247569
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

FLEMING, THOMAS R
 2312 EAST 110TH AVENUE
 TAMPA FL 33612

10. Name and Address of New Registered Agent

B1 Name OLD REG. N/A
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City FL B5 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: *Thomas R. Fleming* / TOOT TOOT TRUCKING, INC. DATE: 7/10/98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	FLEMING, THOMAS R	
STREET ADDRESS	2312 EAST 110TH AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	/	<input type="checkbox"/> DELETE
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE	/	<input type="checkbox"/> DELETE
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	
TITLE	/	<input type="checkbox"/> DELETE
NAME	/	
STREET ADDRESS	/	
CITY-ST-ZIP	/	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	N/A
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002623461
5.3 STREET ADDRESS	-08/24/98--01123--007
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: *Thomas R. Fleming* 7-30-98 (83)244-2045

CR2E034 (5/98)