

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000005698 (2)

1. Corporation Name

F.W.H. TRUCKING, INC.



Principal Place of Business

Mailing Address

6606 SALEM STREET
NO. LAUDERDALE FL 33068

6606 SALEM STREET
NO. LAUDERDALE FL 33068

change of add -

3. Date Incorporated or Qualified

01/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2302 SW Norton St.

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 City & State

23 Port St Lucie,

28

24 Zip 34984 Country

29 Zip

30 Country

34953

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HETZEL, FRANCIS W
6606 SALEM STREET
NO. LAUDERDALE FL 33068

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2302 SW Norton St

83

84

Port St. Lucie

FL

85

Zip Code 34984

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

Signature typed or printed name of registered agent and town if applicable

DATE Registered Agent signature required when reinstating

DATE

From W Hetzel

8-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME HETZEL, FRANCIS W
STREET ADDRESS 6606 SALEM STREET
CITY - ST - ZIP NO. LAUDERDALE FL 33068

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11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
PTD
Hetzl Francis W
2302 SW Norton St
Port St. Lucie FL 34984 34953

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Francis W Hetzel

7-1-96

(501)

785-6245

CR2E034 (3/96)