

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

96 SEP -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029348 (6)**

1. Corporation Name
STYX CREEK TRUCKING, INC.



Principal Place of Business: **511 MULBERRY ST COLEMAN FL 33521**
Mailing Address: **PO BOX 6 COLEMAN FL 33521**

3. Date Incorporated or Qualified: **04/14/1995**
3a. Date of Last Report

2. Principal Place of Business
21 **2501 WEST MAIN ST**
Suite, Apt #, etc.
22 **Suite 108**
City & State
23 **LEESBURG, FL**
Zip
24 **34748** Country
25 **USA**

2a. Mailing Address
26 Suite, Apt #, etc.
27
City & State
28
Zip
29 Country
30

4. FEI Number: **59-3313626** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MONTGOMERY, S E
511 MULBERRY ST
COLEMAN FL 33521**

10. Name and Address of New Registered Agent
81 Name: **S. E. MONTGOMERY**
82 Street Address (P.O. Box Number is Not Acceptable): **1846 CR 479**
83
84 City: **LAKE PANASOFF KEE FL** 85 Zip Code: **33538**

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 **X S. E. MONTGOMERY - Pres** DATE **8-28-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, S E	
STREET ADDRESS	1846 COUNTY RD 479	
CITY - ST - ZIP	LAKE PANASOFFKEE FL 33538	
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		
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	000001946200
1.3 STREET ADDRESS	-03/12/96--01103--010
1.4 CITY - ST - ZIP	****225.00 ****225.00
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	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 change; i, or on an attachment with an address.

SIGNATURE: **S. E. Montgomery** DATE: **8-28-96** DAYTIME PHONE: **352-728-6734**

CR2E034 (12/95)