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Apr 04 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 # P95000078895 (6)

1. Corporation Name
MARTUCCI TRANSPORTATION INC.



Principal Place of Business

5236 COMMERCIAL WAY
B
SPRING HILL FL 34606
US

Mailing Address

5236 COMMERCIAL WAY
B
SPRING HILL FL 34606-1995
US

3. Date Incorporated or Qualified
10/10/1995

3a. Date of Last Report
06/10/1996

2. Principal Place of Business

21 5128 Commercial Way
Suite, Apt. #, etc.

22 City & State
SPRING HILL, FL

23 Zip Country
34606 Hernando

24 34606 25 Hernando

2a. Mailing Address

26 5128 Commercial Way
Suite, Apt. #, etc.

27 City & State
SPRING HILL, FL

28 Zip Country
34606 Hernando

29 34606 30 Hernando

4. FEI Number

59-3341384

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

MARTUCCI, ALFRED P
2435 CORONET CT.
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Alfred P. Martucci

Alfred P. Martucci

3-31-97

Signature, type or print name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT
NAME MARTUCCI, ALFRED
STREET ADDRESS 2435 CORONET CT.
CITY-ST-ZIP SPRING HILL FL 34609

TITLE VS
NAME MARTUCCI, SHARON K
STREET ADDRESS 2435 CORONET CT.
CITY-ST-ZIP SPRING HILL FL 34609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

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 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: *Alfred P. Martucci* *Alfred P. Martucci*

3-31-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)