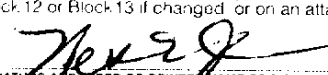


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000001263 (8)			
1. Corporation Name N & N TRUCKING, INC.			
Principal Place of Business 8207 WHITE PLAINS ROAD JACKSONVILLE FL 32208		Mailing Address 8207 WHITE PLAINS ROAD JACKSONVILLE FL 32208	
2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified 12/29/1995	
Suite, Apt. #, etc.		3a. Date of Last Report	
22	27	4. FEI Number 59-2605472	
City & State		Applied For Not Applicable	
23	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		30	
9. Name and Address of Current Registered Agent			
NORRIS, NEHEMIAH JR. 8207 WHITE PLAINS ROAD JACKSONVILLE FL 32208			
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			
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating.) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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)(f), 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			



CR2E034 (3/96)