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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 05 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000038245 (2)

KEN COLE TRUCKING, INC.

Principal Place of Business Mailing Address 425 5TH STREET S.W. 425 5TH STREET S.W. NAPLES FL 33964 NAPLES FL 34117-2120 3. Date Incorporated or Qualified 3a. Date of Last Report 04/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zıp. 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 Yes No 30 Florida Statutes Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COLE. KENNETH 425 5TH STREET S.W. 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33964 83 City 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. Lam familiar with, and accept the obligations of Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TILL Change Addition 11 TITLE COLE, KENNETH R MAME **1.2 NAME** 425 5TH STREET S.W. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33964 CHY-SI-7P 1.4 CITY-ST-ZIP Change TITLE DELETE 2.1 TITLE Addition NAME 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CH1-ST-7P 2. 4 CiTY-ST-ZIP DELFTE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHT-ST-7IP 3.4. CITY-ST-ZIP DELETE TITLE Change 4.1 TITLE Addition NAVE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 4.4 CITY - ST-ZIP DELETE TIPLE Change 5.1 TITLE Addition MAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS C11y - S1 - 24P 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

appears in Block 12 or Block 13 if changed, open an attachment with an address

SIGNATURE:

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 the report as required by Chapter 607, Florida Statutes; and that my name