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FILED
May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000053243 (7)

1. Corporation Name
NICHOLSON TRANSPORT, INC.



Principal Place of Business 4440 HOMEWOOD LANE LAKELAND FL 33813	Mailing Address 4440 HOMEWOOD LANE LAKELAND FL 33811-2219
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 33811-2219		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 33811-2219		3. Date Incorporated or Qualified 06/21/1996	3a. Date of Last Report
				4. FEI Number 59-3446132	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent NICHOLSON, CAROL B 4440 HOMEWOOD LANE LAKELAND FL 33813		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33811-2219	
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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: *Carol B. Nicholson* (NOTE: Registered Agent signature required when reinstating) DATE: 4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0 NICHOLSON, CAROL B 4440 HOMEWOOD LANE LAKELAND FL-33813 - 33811-2219	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Carol B. Nicholson* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4-21-97 DAYTIME PHONE: 941-648-2594

CR2E034 (9/96)

Form **SS-4**

(Rev. December 1995)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN **59-3446132**

OMB No. 1545-0003

1 Name of applicant (Legal name) (See instructions.) NICHOLSON TRANSPORT, INC.		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) 4440 HOMEWOOD LANE		5b City, state, and ZIP code	
4b City, state, and ZIP code LAKELAND, FLORIDA 33811-2219		6 County and state where principal business is located POLK COUNTY, FLORIDA	
7 Name of principal officer, general partner, grantor, owner, or trustor - SSN required (See instructions.) ► CAROL BETH NICHOLSON, DATE OF BIRTH: OCTOBER 10, 1955		263-04-9078	
8a Type of entity (Check only one box.) (See instructions.)		<input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator-SSN <input checked="" type="checkbox"/> Other corporation (specify) ► SUB CHAPTER S CORPORATION <input type="checkbox"/> Trust <input type="checkbox"/> Federal Government/military <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Other nonprofit organization (specify) ► <input type="checkbox"/> Other (specify) ►	
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State FLORIDA	
9 Reason for applying (Check only one box.)		<input type="checkbox"/> Banking purpose (specify) ► <input checked="" type="checkbox"/> Started new business (specify) ► TRANSPORT OF GOODS LONG HAUL TRUCKING <input type="checkbox"/> Changed type of organization (specify) ► <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify) ► <input type="checkbox"/> Hired employees <input type="checkbox"/> Created a pension plan (specify type) ► <input type="checkbox"/> Other (specify) ►	
10 Date business started or acquired (Mo., day, year) (See instructions.) 06/20/96		11 Closing month of accounting year (See instructions.) DECEMBER	
12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)		N/A	
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)		Nonagricultural Agricultural Household	
14 Principal activity (See instructions.) ► TRANSPORTATION OF GOODS LONG HAUL TRUCKING			
15 Is the principal business activity manufacturing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", principal product and raw material used ►			
16 To whom are most of the products or services sold? Please check the appropriate box. <input type="checkbox"/> Public (retail) <input type="checkbox"/> Other (specify) ► <input checked="" type="checkbox"/> Business (wholesale) <input type="checkbox"/> N/A			
17a Has the applicant ever applied for an identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes", please complete lines 17b and 17c.			
17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above. Legal name ► Trade name ►			
17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known. Approximate date when filed (Mo., day, year) City and state where filed Previous EIN			
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Business telephone number (include area code) (941) 648-2594 Fax telephone number (include area code) (941) 648-4355	
Name and title (Please type or print clearly.) ► CAROL BETH NICHOLSON PRESIDENT			

Signature ►

*Carol Beth Nicholson*Date ► **5-15-97**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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For Paperwork Reduction Act Notice, see page 4.
DXA

Cat. No. 15055N

Form SS-4 (Rev. 12-95)