FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P96000059897 (4

FUTRELL TRUCKING, INC.

STREET ADORESS CITY-SI-ZIP HTLE

STREET ADDRESS

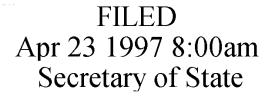
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621 NE 1ST STREET	POST OFFICE BOX 144 EART MEANE FL 33841-0144	
Principal Place of Business	Mailing Address	



ruineu	L INUCKING, INC.						
Principal Plac	e of Business	Mailing Address			-{ (\$60)4601 (10)BITO BITO BEHT BELT BETT BETT	DI BIHAD KOKOK KOKAO MAKA MOBA ADBI	
621 NE 1ST STREET POST OFFICE BOX 144 FORT MEADE FL 33841-0144							
					3. Date incorporated or Qualified 07/17/1996	3a. Date of Last Report	
¬ `	lace of Business	2a. Mailing Addres	.5	and the second second	4. FEI Number 59 7763	Applied For	
Suite, Apt	# ele:		ic.			CO 75 Additional	
2	.,	27			5. Certificate of Status Desired	Fee Required	
City & Stat	6	City & State	<u> </u>		8. Election Campaign Financing	\$5.00 May Be	
13		28			Trust Fund Contribution	Added to Fees	
— ^{Zip}	Country	Zip	L Cou	intry	8. This corporation has liability for inta		
24)	25] 9. Name and Address of Cu	reent Registered Agent	30	Г	Florida Statutes SY 10. Name and Address of New Regis		
MANI	NG, C G ESQ	mont registered Agent		81 Name	10. Harro and Addison of Hor Hoge		
	south florida avenue 1	1501		00 0	(0.0.0		
	ELAND FL 33801			82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	
				}		FL! '	
11. Pursuant office or agent. Fa	to the provisions of Sections 607 registered agent, or both, in the 9 am familiar with, and accept the 6	'.0502 and 607.1508, Fforida State of Florida. Such change obligations of, Section 607.05	. Statutes, the a e was authorize 505, Florida Sta	bove-named corp d by the corporati tutes.	oration submits this statement for the purplion's board of directors. I hereby accept the	ne appointment as registered	
SIGNATURE		. pp. 18 mm. ¹ . mm. mm. 18 mm. kimme i Roman i Roma					
12,	Signature, type 1 or printed name of register	ed agent and tille if applicable. S AND DIRECTORS	(NOTE: Registere	d Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE PS AND DIRECTORS IN 12	
TITLE	PSTD	DELE		TLE	ADDITIONS/OFFAIVALE TO OFFICE	S AND DIRECTORS IN 12 Change Addition 65 Change Addition 65	
NAME	FUTRELL, ELIZA		1.2 N	1		4	
STREET ADDRESS	621 NE 1ST STREET		1.3 S	1.3 STREET ADDRESS		[<u>8</u>	
CITY: ST-ZIF	FORT MEADE FL 33841		1.40	ITY-ST-ZIP		R	
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CITY-SI-ZIP				ITY-ST-ZIP			
NTIE		DELI		·		Change Addition	

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 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS

6.2 NAME