

FILE NOW: FILING FEE AFTER MAY 1

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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072299 (6)

1. Corporation Name
NELSON MARVIN TRUCKING, INC.



Principal Place of Business
310 KRIDER ROAD
SANFORD FL 32773

Mailing Address
310 KRIDER ROAD
SANFORD FL 32773-5683

3. Date Incorporated or Qualified 08/28/1996
3a. Date of Last Report
4. FEI Number 59-3402948
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25 Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent
MARVIN, NELSON E JR.
310 KRIDER ROAD
SANFORD FL 32773

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	MARVIN, NELSON E JR.	
STREET ADDRESS	310 KRIDER ROAD	
CITY- ST- ZIP	SANFORD FL 32773	
TITLE	D	DELETE
NAME	MARVIN, DONNA M	
STREET ADDRESS	310 KRIDER ROAD	
CITY- ST- ZIP	SANFORD FL 32773	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1		Change	Addition
1.2			
1.3	ST ADDRESS		
1.4	ST- ZIP		
2.1		Change	Addition
2.2			
2.3	ADDRESS		
2.4	ST- ZIP		
3.1		Change	Addition
3.2			
3.3	ADDRESS		
3.4	ST- ZIP		
4.1		Change	Addition
4.2			
4.3	ADDRESS		
4.4	ST- ZIP		
5.1		Change	Addition
5.2			
5.3	ADDRESS		
5.4	ST- ZIP		
6.1		Change	Addition
6.2			
6.3	ADDRESS		
6.4	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: *Donna M. Marvin* DONNA M. MARVIN 4/8/97 407-322-9081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)