


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000074105 (3)

1. Corporation Name  
CHRISTIAN HAULING COMPANY INC.

Principal Place of Business 3744 N. 40TH STREET, SUITE C-2 TAMPA FL 33610	Mailing Address 3744 N. 40TH STREET, SUITE C-2 TAMPA FL 33610
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97 JUL 30 PM 2: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report 9/3/96
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-336 9394	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THOMPSON, CLYDE D  
902 MAYDELL COURT  
TAMPA FL 33619

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 *Clyde D. Thompson* Clyde D. Thompson (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, SANDRA A	1.2 NAME	
STREET ADDRESS	902 MAYDELL CT.	1.3 STREET ADDRESS	500002257265--0
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	-08/04/97--01170--003
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, DAN L	2.2 NAME	
STREET ADDRESS	13125 WILCOX ROAD, #5A5	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34844	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, CLYDE D	3.2 NAME	
STREET ADDRESS	902 MAYDELL CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	ST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MCKINLEY	4.2 NAME	Nathaniel Marshall
STREET ADDRESS	902 MAYDELL CT.	4.3 STREET ADDRESS	105 Cactus Road
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	Seffner, FL 33584
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 checked="" 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 *Clyde D. Thompson* 7/18/97 (30) 12/1/96

CR2E034 (4/97)

CHRISTIAN HAULING CO., INC.  
3744 N. 40TH ST. STE. C-1  
TAMPA, FLORIDA 33610

pg. 2

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
1997 PROFIT CORPORATION  
ANNUAL REPORT PACKET

July 18, 1997

Christian Hauling Co., Inc. never received the first packet. As per our telephone conversation on 7/18/97, please find enclosed \$61.25 for our annual report and \$103.75 for the corporation supplemental fee.

On July 17, 1997, we received the 1997 Profit Corporation Annual Report Packet. This packet is stamped Second Notice.

Thank You  
*Nathaniel Marshall*  
Nathaniel Marshall  
Office Manager