


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

FILED

Apr 25 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 # P96000074723 (3)

1. Corporation Name
C.L.B. TRUCKING INC.

Principal Place of Business

4101 N.W. 17TH STREET
BELLE GLADE FL 33430

Mailing Address

4101 N.W. 17TH STREET
BELLE GLADE FL 33430-5932



3. Date Incorporated or Qualified 09/09/1996	3a. Date of Last Report
4. FEI Number 65-0700219	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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 441 U S HWY 441 Suite, Apt. #, etc.	26 P.O. Box 516 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Canal Point, Fl	28 Canal Point, Fl
24 33438 Zip Country	29 33438 Zip Country

9. Name and Address of Current Registered Agent

BOLDIN, CONNIE LEE
~~XXXXXXXXXXXX~~ 441 U S Hwy 441
~~BELLE GLADE FL 33430~~ Canal Point, Fl 33438

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 441 U S Hwy 441
84 City Canal Point FL 85 Zip Code 33438

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 *Connie L. Boldin* Connie L. Boldin-President 4/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDIN, CONNIE LEE	1.2 NAME	
STREET ADDRESS	XXXXXXXXXXXX 441 US Hwy 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430 Canal Point, Fl	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPT	2.2 NAME	
STREET ADDRESS	XXXXXXXXXXXX 441 US Hwy 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL 33430 Canal Point, Fl	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: *Jessie M. Abrams* Jessie M. Abrams-Vice President 4-17-97
(NOTE: Registered Agent signature required when reinstating)

CR2E034 (9/96)

561-924-3193

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