

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087483 (9)

1. Corporation Name
RICK'S TRANSPORT & EQUIPMENT, INC.



Principal Place of Business 17304 PARRISH GROVE RD DADE CITY FL 33525	Mailing Address 17304 PARRISH GROVE RD DADE CITY FL 33525
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10025 Hwy. 301 N. Suite, Apt. #, etc. 22 City & State 23 Temple Terrace, FL Zip 24 33637		2a. Mailing Address 26 10025 Hwy. 301 N. Suite, Apt. #, etc. 27 City & State 28 Temple Terrace, FL Zip 29 33637		3. Date Incorporated or Qualified 10/23/1996	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number 59-3405411	
5. Certificate of Status Desired <input type="checkbox"/>		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		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STRICKLAND, RICKY W 17304 PARRISH GROVE RD DADE CITY FL 33525	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	DP Strickland, Ricky W 12103 Riverhills Dr Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STRICKLAND, JOHN C JR 17304 PARRISH GROVE RD DADE CITY FL 33525	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	V Strickland, John C Jr 12103 Riverhills Dr. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST STRICKLAND, FAYELYN P 17304 PARRISH GROVE RD DADE CITY FL 33525	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	ST Strickland, Fayelynn P 12103 Riverhills Dr. Tampa, FL 33617
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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:

 Ricky Strickland

4/20/98 8139888119

CR2E034 (10/97)