

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.)

APPROVED
AND
FILED

Pg. 1 of 2

97 AUG 26 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000089002 (5)			
1. Corporation Name SHADOW TRUCKING, INC.			
Principal Place of Business 1117 KIMBALL DRIVE OCOE FL 34761		Mailing Address 1117 KIMBALL DRIVE OCOE FL 34761	
2. Principal Place of Business 21 1109 Sabrina Dr Suite, Apt. #, etc. 22		2a. Mailing Address 26 1109 Sabrina Dr Suite, Apt. #, etc. 27	
City & State 23 Ocoee FL		City & State 28 Ocoee FL	
Zip 24 34761		Country 25 Orange	
Country 29 34761		Country 30 Orange	
9. Name and Address of Current Registered Agent RALPH, JOHN E SR. 1117 KIMBALL DRIVE OCOE FL 34761		10. Name and Address of New Registered Agent 81 Name Ralph, John E Sr. 82 Street Address (P.O. Box Number is Not Acceptable) 1109 Sabrina Dr 83 84 City Ocoee FL 85 Zip Code 34761	
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 John E Ralph Sr DATE 8/26/97 (NOTE: Register of Agent Signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, JOHN E SR. 1117 KIMBALL DRIVE OCOE FL 34761 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P RALPH, JOHN E SR. 1109 SABRINA DR. OCOE FL. 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH, GAIL 1117 KIMBALL DRIVE OCOE FL 34761 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P. RALPH, GAIL 1109 SABRINA DR. OCOE, FL. 34761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENKO, DENISE 1117 KIMBALL DRIVE OCOE FL 34761 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	000002280440-55 -08/28/97--01117--020 ****165.00 ****165.00
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	A. Alan 8/26/97 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

CR2E034 (4/97)