

SHE GO TRUCKING # 1535  
**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthang**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000001179 (5)**

1. Corporation Name  
**SHE GO TRUCKING INC.**



Principal Place of Business

Mailing Address

**2175 N.W. 64 STREET  
 OCALA FL 34475**

**2175 N.W. 64 STREET  
 OCALA FL 34475-2453**

<b>3.</b> Date Incorporated or Qualified <b>12/31/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-3442803</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**GREENE, DONALD R SR  
 21835 S.W. 10 STREET  
 DUNNELLON FL 34431**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>

**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

<b>12. OFFICERS AND DIRECTORS</b>		<input type="checkbox"/> DELETE
TITLE	NAME	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	
STREET ADDRESS		
CITY - ST - ZIP		

<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<b>11</b> TITLE	<b>11</b> NAME		
<b>12</b> STREET ADDRESS	<b>12</b> NAME		
<b>13</b> CITY - ST - ZIP	<b>13</b> STREET ADDRESS		
<b>14</b> TITLE	<b>14</b> NAME		
<b>15</b> STREET ADDRESS	<b>15</b> STREET ADDRESS		
<b>16</b> CITY - ST - ZIP	<b>16</b> CITY - ST - ZIP		
<b>17</b> TITLE	<b>17</b> NAME		
<b>18</b> STREET ADDRESS	<b>18</b> STREET ADDRESS		
<b>19</b> CITY - ST - ZIP	<b>19</b> CITY - ST - ZIP		
<b>20</b> TITLE	<b>20</b> NAME		
<b>21</b> STREET ADDRESS	<b>21</b> STREET ADDRESS		
<b>22</b> CITY - ST - ZIP	<b>22</b> CITY - ST - ZIP		
<b>23</b> TITLE	<b>23</b> NAME		
<b>24</b> STREET ADDRESS	<b>24</b> STREET ADDRESS		
<b>25</b> CITY - ST - ZIP	<b>25</b> CITY - ST - ZIP		
<b>26</b> TITLE	<b>26</b> NAME		
<b>27</b> STREET ADDRESS	<b>27</b> STREET ADDRESS		
<b>28</b> CITY - ST - ZIP	<b>28</b> 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** *[Handwritten Signature]* **4-20-97** **357-318772**

CR2E034 (9/96)