


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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000008826 1. Corporation Name O'Susannah Trucking Inc					
Principal Place of Business P O Box 352463 Palm Coast FL 32135		Mailing Address P O Box 352463 Palm Coast FL 32135			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 01/24/97 4. FEI Number 59-3422328 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name Thomas Killian		
			82 Street Address (P.O. Box Number is Not Acceptable) 5 Buffalo Bill Place		
			83		
			84 City Palm Coast FL 85 Zip Code 32137		
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					
11. TITLE <input type="checkbox"/> DELETE P, V, S, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
12. NAME Killian, Thomas					
13. STREET ADDRESS 5 Buffalo Bill Place					
14. CITY - ST - ZIP Palm Coast FL 32137 <input type="checkbox"/> Change <input type="checkbox"/> Addition					
21. TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22. NAME					
23. STREET ADDRESS					
24. CITY - ST - ZIP					
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32. NAME					
33. STREET ADDRESS					
34. CITY - ST - ZIP					
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42. NAME					
43. STREET ADDRESS					
44. CITY - ST - ZIP					
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52. NAME					
53. STREET ADDRESS					
54. CITY - ST - ZIP					
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62. NAME 400002539744					
63. STREET ADDRESS -05/28/98--01102--027					
64. CITY - ST - ZIP ***150.00					
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: Thomas Killian THOMAS KILLIAN 4-21-98 904 445 6208 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (10/97)