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Feb 09 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 # P97000025141 (7)

1. Corporation Name

MCSWAIN TRUCKING, INC.



Principal Place of Business	Mailing Address
3520 CLEVELAND HEIGHTS BLVD LAKELAND FL 33803	3520 CLEVELAND HEIGHTS BLVD LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 356 Pico Ct		26 356 Pico Ct		03/17/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3434307	
City & State		City & State		Applied For	
23 Lakeland FL		28 Lakeland FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33809		29 33809		30	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
26		31		8. This corporation owes or has paid the current year Intangible	
27		32		Personal Property Tax due June 30.	
28		33		Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MCSWAIN, JIMMY 3520 CLEVELAND HEIGHTS BLVD LAKELAND FL 33803		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		Lakeland FL	
		85 Zip Code	
		33809	

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 Jimmy McSwain 2-2-98
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	D	1.1 TITLE	Change Addition
NAME	MCSWAIN, JIMMY	1.2 NAME	
STREET ADDRESS	3520 CLEVELAND HEIGHTS BLVD	1.3 STREET ADDRESS	356 Pico Ct
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	Lakeland, FL 33809
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Jimmy McSwain 2-2-98 941 859-7124

CR2E034 (10/97)