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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025141

1. Corporation Name
MCSWAIN TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 356 PICO CT, LAKELAND FL 33809, US
Mailing Address: 356 PICO CT, LAKELAND FL 33809, US

3. Date Incorporated or Qualified: 03/17/1997

2. Principal Place of Business: 21 13450 NW 77th Court, Suite, Apt. #, etc.
2a. Mailing Address: 26 PO Box 1655, Suite, Apt. #, etc.

4. FEI Number: 59-3434307
Applied For: Not Applicable

22 City & State: Chieflawn FL
27 City & State: Chieflawn FL

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip: 32626, Country: US
28 Zip: 32644-1665, Country: US

6. Election Campaign Financing: \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent: MCSWAIN, JIMMY, 356 PICO RD, LAKELAND FL 33809

8. This corporation owes the current year Intangible Personal Property Tax: Yes

10. Name and Address of New Registered Agent

81 Name: [Blank]
82 Street Address (P.O. Box Number is Not Acceptable): PO 1655
83 [Blank]
84 City: Chieflawn, FL
85 Zip Code: 32644-1665

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] DATE: [Blank]

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: D, MCSWAIN, JIMMY, 356 PICO CT, LAKELAND FL 33809.

Table with 13 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change/Addition. Row 1: DP, PO Box 1655, Chieflawn FL, 32644-1665.

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, with all other like empowered.

SIGNATURE: [Signature] FEB 13, 1999 352 490-8927

CR2E034 (11/98)