

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000039548 (7)**

1. Corporation Name

BOSTON TRUCKING, INC.

Principal Place of Business

**10910 KEY CORAL DRIVE
JACKSONVILLE FL 32221**

Mailing Address

**10910 KEY CORAL DRIVE
JACKSONVILLE FL 32221**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

05/01/1997

4. FEI Number

59-3446633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

BOSTON, BEN

**10910 KEY CORAL DRIVE
JACKSONVILLE FL 32221**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL **85** Zip Code

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	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> STREET ADDRESS	<input type="checkbox"/> CITY-ST-ZIP	<input type="checkbox"/> 1.2 NAME	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 1.3 STREET ADDRESS	
<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 1.4 CITY-ST-ZIP	
<input type="checkbox"/> TITLE	<input type="checkbox"/> NAME	<input type="checkbox"/> 2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> CITY-ST-ZIP		<input type="checkbox"/> 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



1/30/98

1/1/98/1/74/1/74/5

CR2E034 (1097)