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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90049 001 ***150.00

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Corporation Name
GREG WILLEMS TRUCKING & LANDWORKS, INC

Principal Place of Business
2088 SANDALWOOD DR
MELBOURNE, FL 32935

Mailing Address
2088 SANDALWOOD DR
MELBOURNE, FL 32935

Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLEMS, GREG
2088 SANDALWOOD DR
MELBOURNE, FL 32935

81 Name

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

83

84 City

FL

85 Zip Code

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)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	<input type="checkbox"/> DELETE	12. NAME	
3. STREET ADDRESS		13. STREET ADDRESS	
4. CITY - ST - ZIP		14. CITY - ST - ZIP	
5. NAME	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	<input type="checkbox"/> DELETE	22. NAME	
7. STREET ADDRESS		23. STREET ADDRESS	
8. CITY - ST - ZIP		24. CITY - ST - ZIP	
9. NAME	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	32. NAME	
11. STREET ADDRESS		33. STREET ADDRESS	
12. CITY - ST - ZIP		34. CITY - ST - ZIP	
13. NAME	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	<input type="checkbox"/> DELETE	42. NAME	
15. STREET ADDRESS		43. STREET ADDRESS	
16. CITY - ST - ZIP		44. CITY - ST - ZIP	
17. NAME	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	<input type="checkbox"/> DELETE	52. NAME	
19. STREET ADDRESS		53. STREET ADDRESS	
20. CITY - ST - ZIP		54. CITY - ST - ZIP	
21. NAME	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<input type="checkbox"/> DELETE	62. NAME	
23. STREET ADDRESS		63. STREET ADDRESS	
24. CITY - ST - ZIP		64. CITY - ST - ZIP	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Greg Willem's GREG WILLEMS 4/30/99 407-757-9054

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

CR2E034 (9/96)