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

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PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 APR 27 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000054891

1. Corporation Name
AMMONS TRUCKING, INC.

Principal Place of Business
HC-02, BOX 9125
TALLAHASSEE FL 32310

Mailing Address
HC-02, BOX 9125
TALLAHASSEE FL 32310

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1997

4. FEI Number
59-3455204 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business
21 HC-02 Box 9125
Suite, Apt #, etc.
22 ~~Tallahassee~~
City & State
23 Tallahassee Fl.
Zip 24 32310 Country 25 LEON

2a. Mailing Address
26 Same As Above
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
WOLFE, LARRY S
200-A JOHN KNOX RD.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent
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) (Date)

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	AMMONS, BUTLER JR.	
STREET ADDRESS	HC-02, BOX 9125	
CITY-ST-ZIP	TALLAHASSEE FL 32310	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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****150.00 ****150.00

TS. 4/30/99 99A2

CR2E034 (11/98)

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: Butler Ammons Jr 4/26/99 575-4955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #