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FILED
Apr 24 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 # P97000058362 (9)

1. Corporation Name
PIPER TRUCKING INC.

Principal Place of Business O/O DAVID A. KING, ATTORNEY 1410 KINGSLEY AVENUE ORANGE PARK FL 32070	Mailing Address O/O DAVID A. KING, ATTORNEY 1410 KINGSLEY AVENUE ORANGE PARK FL 32070
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2. Principal Place of Business 21 <u>1219 Clear Hill Lane</u> Suite, Apt. #, etc. 22 <u>South</u> City & State 23 <u>Green Cove Springs, FL</u> Zip 24 <u>32043</u> Country 25 <u>USA</u>	2a. Mailing Address 26 <u>P.O. BOX 188</u> Suite, Apt. #, etc. 27 City & State 28 <u>Green Cove Springs, FL</u> Zip 29 <u>32043</u> Country 30 <u>USA</u>
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9. Name and Address of Current Registered Agent BURRIS, HENRY E 4135 HIGHWAY 17 SOUTH 32043 GREEN COVE SPRINGS FL 32043		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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	
TITLE	D Pres.	11 TITLE	
NAME	TAYLOR, LINDA S	12 NAME	
STREET ADDRESS	1980 CORNELL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	14 CITY-ST-ZIP	
TITLE	D Vice Pres.	21 TITLE	
NAME	BURRIS, HENRY E	22 NAME	
STREET ADDRESS	4135 HIGHWAY 17 SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: X Pres. 4-7-98

CR2E034 (10/97)