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FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000069080 (4)

1. Corporation Name
ED'S TRUCKING, INC.



Principal Place of Business

Mailing Address

4786 MYRTLEWOOD ROAD
JACKSONVILLE FL 32210

4786 MYRTLEWOOD ROAD
JACKSONVILLE FL 32210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5513 Roosevelt blv	26 5513 Roosevelt blv
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 132	27 Suite 132
City & State	City & State
23 Jacksonville FL	28 Jacksonville, FL
Zip	Zip
24 32244-	29 32244
Country	Country
25 DUAL	30 DUAL

3. Date Incorporated or Qualified
08/08/1997
4. FEI Number
59-3463072
5. Certificate of Status Desired
6. Election Campaign Financing Trust Fund Contribution
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

RAY, CHARLES E II
4786 MYRTLEWOOD ROAD
JACKSONVILLE FL 32210

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 Charles E. Ray II Jan 21, 1998

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	2.1 TITLE
NAME	2.2 NAME
STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	3.1 TITLE
NAME	3.2 NAME
STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE	4.1 TITLE
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE	5.1 TITLE
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	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.

CR2E034 (10/97)