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May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P97000083433 (7)

1. Corporation Name
RAT CARRIERS, INC.

Principal Place of Business

9505 RIPLEY ROAD
THONOTOSASSA FL 33592

Mailing Address

9505 RIPLEY ROAD
THONOTOSASSA FL 33592



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|------------------------|--|------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 9505 Ripley Rd | | 26 P.O. Box 1097 | | 09/25/1997 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Thonotosassa FL | | 28 Thonotosassa FL | | 593-486465 | |
| 24 33592 | | 25 Hills U.S. | | 5. Certificate of Status Desired | |
| 26 33592 | | 27 Hills U.S. | | 8.75 Additional Fee Required | |
| 28 33592 | | 29 Hills U.S. | | 6. Election Campaign Financing | |
| 30 Hills U.S. | | 31 Hills U.S. | | Trust Fund Contribution | |
| 32 Hills U.S. | | 33 Hills U.S. | | 5.00 May Be Added to Fees | |
| 34 Hills U.S. | | 35 Hills U.S. | | 8. This corporation owes or has paid the current year intangible | |
| 36 Hills U.S. | | 37 Hills U.S. | | Personal Property Tax due June 30. | |
| 38 Hills U.S. | | 39 Hills U.S. | | Yes No | |
| 40 Hills U.S. | | 41 Hills U.S. | | No | |

| | | | |
|---------------------------------------------------------------|--|-----------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BROWN, RAYMOND D 9505 RIPLEY ROAD THONOTOSASSA FL 33592 | | 81 Name Raymond D Brown | |
| | | 82 Street Address P.O. Box Number is Not Acceptable | |
| | | 9505 Ripley Rd | |
| | | 83 HI | |
| | | 84 City Thonotosassa | |
| | | FL | |
| | | 85 Zip Code 33592 | |

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------|-------------------------------------------------------|--|
| TITLE | PTD | 1.1 TITLE | |
| NAME | BROWN, RAYMOND D | 1.2 NAME | |
| STREET ADDRESS | 9505 RIPLEY ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | THONOTOSASSA FL 33592 | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | |
| NAME | BROWN, ANGELA A | 2.2 NAME | |
| STREET ADDRESS | 9505 RIPLEY ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | THONOTOSASSA FL 33592 | 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.

SIGNATURE: _____ 2/12/98 513-986-6664

CR2E034 (10/97)