

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 07 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 # P97000089417 (4)

1. Corporation Name
 H M HAULING, INC.



Principal Place of Business: 6025 COUNTY RD. 640 MULBERRY FL 33860
 Mailing Address: P.O. BOX 1432 MULBERRY FL 33860-1432

6025 County Road # 640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1997
 4. FEI Number: 59-3472598
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 6025 C.R. # 640
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 23
 Zip: 24 Country: 25
 City & State: 28
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

MCHALE, JAMES P
 6025 COUNTY RD. 650 6025 County Road #640
 MULBERRY FL 33860

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCHALE, JAMES P	
STREET ADDRESS	6049 MORNINGDALE AVE.	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	60000258 1925
6.4 CITY-ST-ZIP	-07/07/98--01095--032 ***158.75

14. I hereby certify that the information supplied with this filing does not qualify for the exemption under 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: _____ DATE: 6/30/98 JUL 4 1998

CR2E034 (5/98)

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JUNE 30, 1998

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

DEAR SIR:

COPIES ARE ENCLOSED OF ORIGINAL PACKAGE SENT TO YOUR OFFICE ON APRIL 17, 1998. PER A TELEPHONE CONVERSATION WITH YOUR REINSTATEMENT OFFICE TODAY, THEY STATED THE APPLICATION WAS RETURNED TO ME ON MAY 4, 1998 FOR COMPLETION OF THE E.I.N. NUMBER.

I HAVE NOT RECEIVED THE ORIGINAL APPLICATION BACK FROM YOU. THERE WOULD BE NO REASON FOR ME NOT TO RESPOND TO YOUR REQUEST.

THE CHECK ATTACHED HAS NOT BEEN CLEARED AT MY BANK. I HAVE ENCLOSED A REPLACEMENT CHECK IN ORDER TO EXPEDITE THE ANNUAL REPORT. (CHECK #1010, DATED 06/30/98).

SHOULD YOU HAVE ANY FURTHER QUESTIONS OR REQUIRE ADDITIONAL INFORMATION, PLEASE DO NOT HESITATE TO CONTACT ME. 2ND NOTICE APPLICATION COMPLETED.

YOURS TRULY,

**SHARON MCDONALD
COMPTROLLER (941-428-1378)**

H M HAULING INC P.O. BOX 1432, MULBERRY, FL. 33860

CORPORATION
ANNUAL REPORT
1998



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P97000089417 (4)

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H M HAULING, INC.



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6025 COUNTY RD. 650 P.O. BOX 1432
MULBERRY FL 33860 MULBERRY FL 33860-1432

6025 County Road #640

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business 6025 County Road 640 Suite, Apt. #, etc.	26	2a. Mailing Address P.O. Box 1432 Suite, Apt. #, etc.
22	22 City & State	27	27 City & State
23	23 Zip Country	28	28 Zip Country
24	24	29	29
25	25	30	30

3. Date Incorporated or Qualified
10/15/1997

4. FEI Number 59-3472598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent MCHALE, JAMES P 6025 COUNTY RD. 650 MULBERRY FL 33860 6025 County Rd. #640		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D MCHALE, JAMES P 6049 MORNINGDALE AVE. LAKELAND FL 33813	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: _____ April 14, 1998 941-428-1378