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FILED  
Apr 27 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 # P97000093468 (1)

1. Corporation Name

PRITCHARD TRUCKING, INC.

Principal Place of Business

8304 MAGALA AVE.  
ORANGE PARK FL 32073

Mailing Address

8304 MAGALA AVE.  
ORANGE PARK FL 32073

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

59-3438697

Applied For  
Not Applicable

6. 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

2a. Mailing Address

21 8304 MALAGA AVE

26 8304 MALAGA, AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 ORANGE PARK FL 32073

28 ORANGE PARK FL 32073

Zip

Country

Zip

Country

24 32073

25 DUAL

29 32073

30 DUAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRITCHARD, MICHAEL E  
8304 MAGALA AVE.  
ORANGE PARK FL 32073

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 agree to, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael E. Pritchard

4-20-98

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 DELETE

NAME PRITCHARD, CONNIE J  
STREET ADDRESS 8304 MAGALA AVE.  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D DELETE

NAME PRITCHARD, MICHAEL E  
STREET ADDRESS 8304 MAGALA AVE.  
CITY-ST-ZIP ORANGE PARK FL 32073

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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: Michael E. Pritchard

4-20-98 904264-7355

CR2E034 (10/97)