

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S14777 (4)
1. Corporation Name
M & M TRUCKING, INC.



Principal Place of Business: ROUTE 5, BOX 628A 21274 33rd Road LAKE CITY FL 32055 24
Mailing Address: ROUTE 5, BOX 628A 21274 33rd Road LAKE CITY FL 32024-8802

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1990	3a. Date of Last Report 03/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3033912	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCKENZIE, MARGARET C. ROUTE 5, BOX 628A 21274 33rd Road LAKE CITY FL 32055 24				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's signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS				18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, GEORGE N.			1.2 NAME			
STREET ADDRESS	ROUTE 5, BOX 628A 21274 - 33rd Road			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, RANDOLPH S.			2.2 NAME			
STREET ADDRESS	RTE 5 BOX 855 20809 CR 137C			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, TINA D.			3.2 NAME			
STREET ADDRESS	ROUTE 5, BOX 855 20809 CR 137C			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCKENZIE, MARGARET (PEGGY)			4.2 NAME			
STREET ADDRESS	ROUTE 5, BOX 628A 21274 33rd Road			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE CITY FL 32024			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: Margaret McKenzie Date: 5/12/97

CR2E034 (9/96)