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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

LONG'S TRUCKING, INC.  'mecipal Place of Business Mailing Address  7005 KEITHAN RD JACKSONVILLE FL 32220 US			-2832				
				3. Date Incorporated or Qualified 12/11/1990	1 -	e of Last Re	eport
Principal P	Place of Business	2a. Mailing Address		4. FEI Number			plied For
Costs Ant	A . 12.	Suite, Apt. #, etc.		59-3041896			t Applicabl
Suite, Apt.	#, 000	27 Suite, Apr. #, etc.		5. Certificate of Status Desired		\$8.75 A	
City & State	0	City & State		6. Election Campaign Financing		\$5.00	<u> </u>
		28		Trust Fund Contribution		Added t	
Ziji	Country	Zιρ	Country	8. This corporation has liability for			199.032
	9. Name and Address of Currer	nt Registered Agent	30	Florida Statutes  10. Name and Address of New I	Yes		
in	NG, PAMELA K.	in trogistorou regoni	81 Name	To the time and the time to th	TOBIOTOTO PI	90111	
	) JACKSONVILLE ESTATES DR 1	N	B2 Street Add	dress (P.O. Box Number is Not Accept	tabla)		
	CKSONVILLE FL 32218	••	PZ SHEEL AGO	dress (P.O. Box Number is Not Accept	labie)		
			83				
			84 City			85 Zip (	Code
					<u> </u>		
agent La	im familiar with, and accept the oblig	gations of, Section 607.0505, Fl	orida Statutes.	poration submits this statement for the ation's board of directors. I hereby acc			
agent La GNATURE	im familiar with, and accept the oblig Signition, typesfor partial nation of registered ap OFFICERS AN	yations of, Section 607.0505, Fi	Orida Statutes.  (E: Registered Agent signature requirements)		DATE FICERS AND I	DIRECTOR	S IN 12
agent La GNATURE t.	im familiar with, and accept the oblig  Signam, type-for perbanamic of regulated ap  OFFICERS AN	yations of, Section 607.0505, Fi	orida Statutes. IE: Registered Agent signature requ	ulred when reinstating)	DATE FICERS AND I		S IN 12
agent La GNATURF L LF	in familiar with, and accept the oblig  Signation types or perbatisation of registered ap  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES	yations of, Section 607.0505, Fi	orida Statutes.  IE: Registered Agent signature required.  13.  1.1 Title	ulred when reinstating)	DATE FICERS AND I	DIRECTOR	S IN 12
agent La GNATURE t. LE ME	in familiar with, and accept the oblig  Signation types of perbatisation of registered age  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL	yations of, Section 607,0505, Fi	orida Statutes.  IE: Registered Agent signature requ  13.  1.1 TITLE  1.2 NAME	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change	S IN 12
agent La GNATURE LE ME RELADORESS Y-SU ZIP	in familiar with, and accept the oblig  Signature, types or perbatismic of registered app  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV	yations of, Section 607.0505, Fi	orida Statutes.  IE: Registered Agent signature requ  13.  1.1 TIFLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TIFLE	ulred when reinstating)	DATE FICERS AND I	DIRECTOR	S IN 12
agent La GNATURE LE ME RELADORESS Y-ST ZIP LE ME	in familiar with, and accept the oblig  Signature, types or perbatismic of registered app  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV  LONG, PAMELA K.	yations of, Section 607.0505, Fi	orida Statutes.  13. 1.1 TiflE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiflE 2.2 NAME	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change	S IN 12
agent La GNATURE  LE ME BELLADORESS Y-SU-ZIP LE ME	in familiar with, and accept the oblig  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV  LONG, PAMELA K.  410 JACKSONVILLE ESTATES	yations of, Section 607.0505, Fi	orida Statutes.  IE: Registered Agent signature requisits.  1.1 TiflE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2.1 TiflE  2.2 NAME  2.3 STREET ADDRESS	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change	S IN 12
agent La GNATURE  LE ME RELADORESS Y-ST ZIP LE MC MC REELADORESS Y-ST ZIP	in familiar with, and accept the oblig  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV  LONG, PAMELA K.  410 JACKSONVILLE ESTATES  JACKSONVILLE FL	yations of, Section 607.0505, Fi	orida Statutes.  13. 1.1 TiflE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TiflE 2.2 NAME	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change	S iÑ 12
agent La GNATURE  LE ME RELADIRESS Y-SL-ZIP LE ME HELADIRESS J-SL-ZIP LE LE MC HELADIRESS	in familiar with, and accept the oblig  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV  LONG, PAMELA K.  410 JACKSONVILLE ESTATES  JACKSONVILLE FL	yations of, Section 607.0505, Fi	IF: Hegistered Agent signature required.  13. 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	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change	S iÑ 12
Agent La GNATURE  LE ME RELADIRESS Y-SI-ZIP LE MC HED ADDRESS Y-SI-ZIP LE MC MC HED ADDRESS	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File yard block of applicable (NOT  DD DIRECTORS  DELETE  S DR N  DELETE  S DR N  DELETE	orida Statutes.  IE: Registered Agent signature requisits.  1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change	S iÑ 12
Agent La GNATURE  LE ME ME ME HEELADORESS Y-SL-ZIP LE MC Y-SL-ZIP LE MC	in familiar with, and accept the oblig  OFFICERS AN  DP  LONG, CALVIN  410 JACKSONVILLE ESTATES  JACKSONVILLE FL  DV  LONG, PAMELA K.  410 JACKSONVILLE ESTATES  JACKSONVILLE FL	yations of, Section 607.0505, File your and title if applicable (NO ND DIRECTORS DELETE  S DR N DELETE  S DR N DELETE	OFICIAL STATUTES.  11. TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IÑ 12 Additi
Agent La GNATURE  LE ME ME HELADORESS LY-SI ZIP LE MC HELADORESS LY-SI ZIP LE LE MC HELADORESS LY-SI ZIP LE	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File yard block of applicable (NOT  DD DIRECTORS  DELETE  S DR N  DELETE  S DR N  DELETE	Orida Statutes.  13. 11 Tifle 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 TIFLE 2 NAME 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change	S IÑ 12 Additi
agent La IGNATURE  2.  LE ME ME ME ME LE MC	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File your and title if applicable (NO ND DIRECTORS DELETE  S DR N DELETE  S DR N DELETE	Orida Statutes.  13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IÑ 12 Addili Additi
Agent Laignature  2.  LE ME	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File your and title if applicable (NO ND DIRECTORS DELETE  S DR N DELETE  S DR N DELETE	OFICIAL STATUTES.  11. 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 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IÑ 12 Additi
Agent La IGNATURE  2.  LE ME ME ME ME ME ME ME LA ME LA ME ME LA M	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File your and title if applicable (NO ND DIRECTORS DELETE  S DR N DELETE  S DR N DELETE	Orida Statutes.  13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S iN 12 Additi Additi
Agent La IGNATURE  2.  ILE  ME  ME  ME  ME  ME  MA  ME  ME	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File yard and title of applicable (NO ND DIRECTORS DELETE  S DR N DELETE  J DIC.  DELETE	IE: Registered Agent signature requires.  13.  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 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
Agont La IGNATURE  2.  LE ME BELLADORESS IY-SI-ZIP LE MO BELLADORESS IX-SI-ZIP LE MO B	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File yard and title of applicable (NO ND DIRECTORS DELETE  S DR N DELETE  J DIC.  DELETE	IE: Registered Agent signature required.  13. 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 5.1 TITLE	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IN 12 Addition Addition Addition
Agont La IGNATURE  ABELADORESS IY-SI ZIP IE ME	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	Jacions of, Section 607,0505, File  John Mark title of applicable (NO)  JOELETE  S DR N  DELETE  S DR N  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	IE: Registered Agent signature required.  13.  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	ulred when reinstating)	DATE FICERS AND I	Change  Change  Change  Change	S IN 12 Additi Additi
Agent La IGNATURE  2.  ILE ME BELLADORESS IY-SI-ZIP ILE MAE BELLADORESS	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	yations of, Section 607.0505, File yard and title of applicable (NO ND DIRECTORS DELETE  S DR N DELETE  J DIC.  DELETE	OFICIAL STATUTES.  11 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TIFLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TIFLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS 4.5 CITY-ST-ZIP 5.1 TIFLE 5.2 NAME 5.3 STREET ADDRESS	ulred when reinstating)	DATE FICERS AND I	DIRECTOR Change Change Change	S IN 12 Additi Additi
Agent La IGNATURE  2.  ILE IME BELLADORESS IY-SI ZIP ILE IME BELLADORESS IY-SI ZIP ILE IME IME BELLADORESS IY-SI ZIP ILE IME IME BELLADORESS IY-SI ZIP ILE IME BELLADORESS IY-SI ZIP ILE IME IME BELLADORESS IY-SI ZIP ILE IME IME BELLADORESS IY-SI ZIP ILE IME IME IME I ADORESS IY-SI ZIP ILE IME IME I ADORESS	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	Jacions of, Section 607,0505, File  John Mark title of applicable (NO)  JOELETE  S DR N  DELETE  S DR N  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	OFICIA Statutes.  IE: Registered Agent signature required.  13.  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  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	ulred when reinstating)	DATE FICERS AND I	Change  Change  Change  Change	S IN 12 Addition Addition Addition Addition
AGONE LA AGONE LA IGNATURE  2. ILE IME BEELADORESS IY-SI-ZIP ILE IME INFELADORESS IY-SI-ZIP ILE INFELADORESS	DP LONG, CALVIN 410 JACKSONMILE ESTATES JACKSONMILE FI DV LONG, PAMELA K. 410 JACKSONMILE ESTATES JACKSONMILE FL DV LONG, PAMELA K. 410 JACKSONMILE FL SECRETARY JACKSONMILE FL SECRETARY Shirle Y LONG NAYAN LOTAL	Jacions of, Section 607,0505, File  John Mark title of applicable (NO)  JOELETE  S DR N  DELETE  S DR N  DELETE  DELETE  DELETE  DELETE  DELETE  DELETE	OFICIA STATUTES.  11 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 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 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	ulred when reinstating)	DATE FICERS AND I	Change  Change  Change  Change	

**FILED** 

Apr 28 1997 8:00am

Secretary of State