## 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

DOCUMENT # S50546

(8)

S & B TRUCKING ENTERPRISES, INC.

Principal Place of Business				Mailing Address									
872 E. CHICAGO ST. CHANDLER AZ 85225				872 E. CHICAGO ST. CHANDLER AZ 85225-9423									
									3. Date Incorporated or Qualified 05/03/1991	1	e of Last F 6/1996	Report	
2. Principal P	lace of Busi	ness	}ı	2a. Mailing Address					4. FEI Number Applied For				
21 Suite Ant	# ato		26	Suite, Apt. #, etc.					59-3064389	<del> </del>	<del>- , + - +</del>	ot Applicable	
Suite, Apt	#, UIC		<b>├</b> ──┐	27					5. Certificate of Status Desired		·	Additional equired	
City & State	e			City & State					6. Election Campaign Financing		\$5.00	May Be	
23			28	28					Trust Fund Contribution			to Fees	
Zip		Country	Z	Zip Cou			itry g		8. This corporation has liability for in		•	. 199.032,	
24	25		[29]			0			Florida Statutes Yes No  10. Name and Address of New Registered Agent				
		and Address of Curre	nt Hegiste	red Agent		81	Name		10. Name and Address of New He	gistered A	gent		
	R, KENETH						Name						
		JOSE BLVD.		}			Street A	Addres	ess (P.O. Box Number is Not Acceptable)				
JACI	V20MAILTI	E FL 32257				83							
											7227		
						84	City			FL	<b>65</b> Zip	Code	
11. Pursuant t	to the provis	ons of Sections 607.05	02 and 607	1508, Florida Statu	ites, the a	bove	e-named	corpo	ration submits this statement for the p	urpose of	changing i	ts registered	
office or ri agent. La	egistered aş mi famillar w	gent, or both, in the Stat ith, and accept the obliq	e of Florida gations of, S	. Such change was Section 607.0505, F	autnoriza Iorida Sta	ea by etutes	/ the corp s.	ooratio	n's board of directors. I hereby accep	it the appo	intment as	registerea	
SIGNATURE													
Signature, typod or printed name of registered agent i						pistered Agent signature require		required		DATE	DIDECTO	20 11 10	
12.	PD	OFFICERS AN	ND DIRECT	DELETE	13.			· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		DIRECTOR Change	AS IN 12 Addition	
TITLE		s, robert e, jr					1.1 TITLE 1.2 NAME			•	Crianige	□ Mantion	
STREET ADORESS		CHICAGO ST.				1.3 STREET ADDRESS							
CHY-ST-ZIP		ER AZ 85225				CITY-S	ŀ						
TITLE	VT	LII /AL VOLEV		DELETE	2.1 1		11-211				Change	Addition	
NAME		S, SANDRA L.		•		NAME						_	
STREET ADORESS		HICAGO ST.					ADDRESS						
CITY-ST-ZIP		ER AZ 85225			2.4	CITY-S	ST · ZIP						
TILLE			<del></del>	DELETE	3.11	TITLE			······································		Change	Addition	
NAME					321	NAME							
STREET ADURESS					3.3 9	STREET	ADDRESS						
CITY+ST ZIP						CITY-S	ST- ZIP				<del></del>		
TITLE				☐ DELETE	4.1 1						Change	Addition	
NAME						NAME							
STREET ADDRESS							ADDRESS						
CITY - S1 - ZIP				DELETE		CITY-S	T-ZIP				Change	Addition	
TILE				my Dereit		TITLE				1	Change	וייין אטטוווטוו	
NAME CIRCEL ADODUCE						NAME STOCET	Annurer						
STREET ADORESS					- 1		ADDRESS						
COLY - ST - ZIP TOTAE				DÉLETE	_	CITY-S Title	13 - ZIP				Change	Addition	
				La Octor		NAME				ļ	J. Mingo	/ IOGILION	
NAME C 1600 1 2 15 0 15 0 0							Annucee						
STREET ADORESS					0.33	ofneti	ADDRESS						

14. I do hereby certily 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 if on an attachment with an address.

602 786 1151

**FILED** 

Apr 07 1997 8:00am

Secretary of State