

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

FILED
Mar 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S50546 (8)
1. Corporation Name
S & B TRUCKING ENTERPRISES, INC.



Principal Place of Business
872 E. CHICAGO ST.
CHANDLER AZ 85225

Mailing Address
872 E. CHICAGO ST.
CHANDLER AZ 85225

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7185 W Willow Suite, Apt. #, etc. 22 Peoria AZ City & State 23 Zip 24 85381 Country 25 MARICOPA		26. Mailing Address 26 7185 W Willow Suite, Apt. #, etc. 27 City & State 28 Peoria Zip 29 85381 Country 30 MARICOPA		3. Date Incorporated or Qualified 05/03/1991	
		4. FEI Number 59-3064389		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent
BEIR, KENETH L
10801-32 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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 _____ (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	PD	1.1 TITLE	P.O.
NAME	CUMMINS, ROBERT E. JR	1.2 NAME	Cummins Robert E Jr
STREET ADDRESS	872 E. CHICAGO ST.	1.3 STREET ADDRESS	7185 W Willow
CITY-ST-ZIP	CHANDLER AZ 85225	1.4 CITY-ST-ZIP	Peoria AZ 85381
TITLE	VT	2.1 TITLE	VT
NAME	CUMMINS, SANDRA L.	2.2 NAME	Cummins Sandra L
STREET ADDRESS	872 E. CHICAGO ST.	2.3 STREET ADDRESS	7185 W Willow
CITY-ST-ZIP	CHANDLER AZ 85225	2.4 CITY-ST-ZIP	Peoria AZ 85381
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert E Cummins Jr 3-9-98 Robert E Cummins Jr 3-9-98 602 486 7187

CR2E034 (10/97)