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 # \$60392

(5)

LUCAS FREIGHT SYSTEMS, INC.

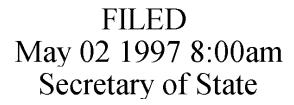
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Principal Place of Business

Mailing Address

8175 COMMONWEALTH AVENUE JACKSONVILLE FL 32209

2175 COMMONWEALTH AVENUE JACKSONVILLE FL 32209-6949





PHONOCHILL	LIE SEEVE	PHONOCHTICE I E OE	200 0070				
					3. Date Incorporated or Qualified 06/18/1991	3a. Date of 04/30/1	
	lace of Business	2a. Maiting Address			4. FEI Number		Applied For
21		26		·	59-3071688		Not Applicable
Suite, Apt.	#, etc.	Suite. Apt. #, etc.			5. Certificate of Status Desired		3.75 Additional
22		27					Fee Required
City & State	9	City & State			6. Election Campaign Financing		5.00 May Be
23 Zip	Country	7(p)	Соц	ntry	Trust Fund Contribution		Added to Fees
24	25	29	30	ii iti y	8. This corporation has liability for it Florida Statutes	intangible tax u Yes 🔲 No	
24]	9. Name and Address of Curre		[30]		10. Name and Address of New Re		
SAF	ER, ELIOT J.			81 Name			
	1 WOODCOCK DRIVE			-			
	TE 101			82 Street Ac	ldress (P.O. Box Number is Not Acceptab	ile)	
	KSONVILLE FL 32207			83			
0/10	TOUR TE GEEN						
				84 City		FL 85	Zip Code
office or reagent. I a	egistered agent, or both, in the Stal m familiar with, and accept the obli	te of Florida. Such change w gations of, Section 607.0505	as authorize , Florida Stat	d by the corpor utes.	proration submits this statement for the pration's board of directors. I hereby accep	of the appointm	ont as registered
12.	Signature, typed or printed name of registered a	gent and title if applicable ND DIRECTORS	(NOTE Registerer	o Agent signature re-	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	OATE	CTORS IN 12
TITLE	P	DELETE		n e	ADDITIONS/GITANGES TO GITTE		hange Addition
NAME	LUCAS, RICKEY P.		1.2 N/	1			mange [] redings
STREET ADDRESS	2175 COMMONWEALTH AVE			REFT ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL	-		TY-ST-ZIP			
TITLE		DELETE	2.1 11			Пс	hange [Addition
NAME			2 2 N/				22
STREET ADDRESS				RELI ADDRESS			
CITY-ST-ZIP				ITY-S1-ZIP			
TITLE		DELETE	3 i II				hange Addition
NAME			3 2 N/	AME			
STREET ADDRESS			3.3 51	BEET ADDRESS			
CITY-ST-ZIP			3.4 C	11Y+\$1+ZIP			
TITLE		DELETE	4.1 11	TLE		C	hange Addition
NAME			4. 2 N	AME			
STREET ADDRESS			4.3 ST	IREE I ADDRESS			
CITY-ST-ZIP			4.4 _. CI	1Y - \$1 - ZIP			
TITLE		DETELE	5.1 TO	TLE			hange 🔲 Addition
NAME			5.2·N	AME			
STREET ADDRESS			5.3 \$1	IREET ACOURESS			
CITY-ST-ZIP				1Y-S1-7IP			
TITLE	· ————	DELETE	6171	ITE			hange
NAME			62N	AME			
STREET ADDRESS			6.3 \$1	IREET ADDRESS			
CITY-ST-ZIP			6.4 (CI	1Y+S1+ZIP			
44 4 3	414 41 4 40 1 1 1	at 20 015 CB 15 at 1	111 (41.		C. 4. C. (1. 440.07(0)(2) Et (1. 0) 1.44		6 41 4 13

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 eath; that I am an officer or director of the concerns 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 granges, or on increasing the same with an address.

CICNIATUDE.

4/22/97