

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

①

1997 AUG -5 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S60482** (4)

1. Corporation Name
FRANKLIN TRUCKING, INC.



Principal Place of Business 1037 KENTUCKY AVE. CLEWISTON FL 33440	Mailing Address P.O. BOX 801 CLEWISTON FL 33440
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 06/18/1991	3a. Date of Last Report 02/10/1997
4. FEI Number 65-0277430	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**FRANKLIN, SHIRLEY
1037 KENTUCKY AVE.
CLEWISTON FL 33440**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 qualified, willing, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Shirley Franklin* **Shirley Franklin, Sec'y** **7/29/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PMD
STREET ADDRESS	FRANKLIN, JULIUS SR.
CITY-ST-ZIP	1037 KENTUCKY AVE. CLEWISTON FL 33440
TITLE	<input type="checkbox"/> DELETE
NAME	VPMD
STREET ADDRESS	FRANKLIN, SHIRLEY
CITY-ST-ZIP	1037 KENTUCKY AVE. CLEWISTON FL 33440
TITLE	<input type="checkbox"/> DELETE
NAME	TD
STREET ADDRESS	FRANKLIN, JULIUS JR.
CITY-ST-ZIP	1037 KENTUCKY AVE. CLEWISTON FL 33440
TITLE	<input type="checkbox"/> DELETE
NAME	SD
STREET ADDRESS	FRANKLIN, DAYRON
CITY-ST-ZIP	1037 KENTUCKY AVE. CLEWISTON FL 33440
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11 TITLE	
12 NAME	
13 STREET ADDRESS	100002262921--5
14 CITY-ST-ZIP	-08/11/97--01056--005
2.1 TITLE	****165.00 ****165.00
2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	100002262921--5
3.1 TITLE	-08/11/97--04038--006
3.2 NAME	*****8.75 *****8.75
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

CR2E034 (4/97)

8/10/97 983-7177

2

FRANKLIN TRUCKING, INC.
P. O. BOX 801
CLEWISTON, FL 33440

JULY 29, 1997

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P. O. BOX 1500
TALLAHASSEE, FL 32302-1500

RE: 1997 ANNUAL REPORT

TO WHOM IT MAY CONCERN:

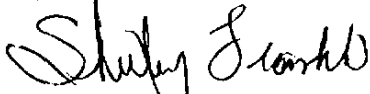
WE DID NOT RECEIVE A 1997 ANNUAL REPORT I HAD NO IDEA THIS REPORT WAS DUE. MY CORPORATION WAS REINSTATED ON FEBRUARY 10, 1997. NO ONE INFORMED US ABOUT FILING AN ANNUAL REPORT.

I RECEIVED A NOTICE IN THE MAIL STATING THIS WAS THE 2ND NOTICE. I DIDN'T RECEIVE THE FIRST NOTICE. I WOULD LIKE TO HAVE MY ACCOUNT REVIEWED DUE TO ME NOT RECEIVING THE FIRST NOTICE.

I WAS TOLD TO ENCLOSED A CHECK FOR \$165.00. UNTIL MY ACCOUNT IS REVIEWED. I HAVE MADE MYSELF A NOTE FOR 1998 TO CALL FOR AN APPLICATION IF I DON'T RECEIVE ONE BY JANUARY 30, 1998.

THIS APPLICATION WOULD HAVE BEEN FILL OUT AND MAIL IN BEFORE THE DUE DATE IF I HAD RECEIVED IT IN TIME.

THANK YOU FOR YOUR COOPERATION,



SHIRLEY FRANKLIN, SEC'Y