## 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

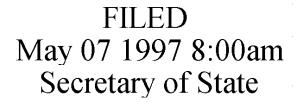
DOCUMENT # S92815

(7)

PETTERSON TRUCKING, INC.

Principal Place of Business

Mailing Address





2736 FOXDALE DELTONA FL 32		2736 FOXDALE DR DELTONA FL 32738-9143			
				3. Date Incorporated or Qualified 11/07/1991	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address	١	4. FEI Number	Applied For
	interprise Koad		prise Koad	59-3099861	Not Applicable
Suite, Apt. (		Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	rprise, th	City & State  28 Enterpris	y	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3み	138 <b>25</b> 以5.A.	<sup>Zp</sup> 32738	SO U.S.A.	1 Kinda Diatate	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PETTERSON, DONNA M.				onna M. Petta	erson
2736 FOXDALE DR DELTONA FL 32738  82 Street Add 188				ress (P.O. Box Number is Not Acceptable)  Enterprise	oad
			**		
M = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			84 City Er	terprise	FL 85 32738
office or re	egistered agent, or both, in the State of	if Florida. Such change was a	authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
agent Fag	m familiar with, and accept the obligat	ions of, Section 607.0505, Fi	orida Statutes.	2000 Votto 1 100	1128197
SIGNATURE	Donnain 18th	erson	E: Registered Agent signature requi	a) 1. Julion	DATE
12.	Signature, typed or printed name of registered agent OFFICERS AND		E: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	
1/1LE	D	DELETE	1.1 TITLE		Change Addition
NAME	PETTERSON, RONALD A.	•	1,2 NAME		
STREET ACIDRESS	2736 FOXDALE DR		1.3 STREET ADDRESS		
CITY-SI-ZIP	DELTONA FL		1.4 CITY - ST - ZIP		-
TITLE	D	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	PETTERSON, DONNA M.	•	2.2 NAME		
STREET ADDRESS	2736 FOXDALE DR		2.3 STREET ADDRESS		
CIFY - ST - ZIF	DELTONA FL		2 4 CITY-ST-ZIP		
117LE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADORESS		
CHY+SI-ZIP			3.4. CITY-ST-ZIP		
THILE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CCTY - S1 - 7IP		[] procee	4.4 CiTY - ST - ZiP		Change Addition
THLE		☐ DELETE	5.1 TITLE		LT CHAILING LT AUGILION
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - 74P		DELETE	5.4 CITY-ST-ZIP	***************************************	Change Addition
TIFLE			61 TITLE		Financial Financial
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City-St ZiP	and that the identity outpilled	with this filing door not avail	6.4 CITY-ST-ZIP	ed in Section 119 07(3)(i) Florida Statute	s. 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 have no fiscer or director of the copporation 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 chapter 607 or on an attachment with an address.