

FILE NOW: FILING FEE AFTER MAY

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**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90081 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>39</u> <u>VO3489</u>			
1. Corporation Name <u>N-2 Imports &amp; Trucking Inc</u>			
Principal Place of Business <u>3850 Hidden Oak Dr</u> <u>Pensacola FL 32504</u>		Mailing Address:	
2. Principal Place of Business 21 <u>3850 Hidden Oak Dr</u> Suite, Apt. #, etc. <u>22</u> City & State <u>23</u> Zip <u>24</u> Country <u>25</u>		3a. Date of Last Report <u>2000</u> 3. Date Incorporated or Qualified <u>1/2/92</u> 4. FEI Number <u>59-3100046</u> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> 5. Certificate of Status Desired <input type="checkbox"/> Fee Required \$8.75 Additional 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address 26 <u>3850 Hidden Oak Dr</u> Suite, Apt. #, etc. <u>27</u> City & State <u>28</u> Zip <u>29</u> Country <u>30</u>		9. Name and Address of Current Registered Agent <u>Jon Ramey</u> <u>3960 Barrancas Ave</u> <u>Pensacola FL</u> <u>32507</u>	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <u>FL</u> 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 TITLE <u>PTCO</u> <input type="checkbox"/> DELETE NAME <u>Michael Lee Jones</u> STREET ADDRESS <u>3850 Hidden Oak</u> CITY-ST-ZIP <u>Pensacola FL 32507</u>		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 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 on an attachment with an address.			
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date <u>2-20-01</u> Daytime Phone #			