

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V13241 (7)
1. Corporation Name
R.J. MADDEN TRUCKING, INC.



Principal Place of Business Mailing Address
609 LAKE ORIENTA DRIVE 609 LAKE ORIENTA DRIVE
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/10/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3112452	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MADDEN, ROBERT J. 609 LAKE ORIENTA DRIVE ALTAMONTE SPRINGS FL 32701				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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE						1.2 NAME					
1.3 STREET ADDRESS						1.4 CITY - ST - ZIP					
2.1 TITLE						2.2 NAME					
2.3 STREET ADDRESS						2.4 CITY - ST - ZIP					
3.1 TITLE						3.2 NAME					
3.3 STREET ADDRESS						3.4 CITY - ST - ZIP					
4.1 TITLE						4.2 NAME					
4.3 STREET ADDRESS						4.4 CITY - ST - ZIP					
5.1 TITLE						5.2 NAME					
5.3 STREET ADDRESS						5.4 CITY - ST - ZIP					
6.1 TITLE						6.2 NAME					
6.3 STREET ADDRESS						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.

CR2E034 (10/97)