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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V20465 (3)
1. Corporation Name
SOUTH STAR TRUCKING, INC.



Principal Place of Business: 1312 HATEL PLACE VALRICO FL 33594 US
Mailing Address: P.O. BOX 438 BRANDON FL 33509-0438 US

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 01/29/1996

2. Principal Place of Business: 21 104 Edmonton Ln, Suite, Apt. #, etc.:
22 City & State: Brandon, FL
23 Zip: 33511, Country: Hills.
2a. Mailing Address: 26 P.O. Box 789, Suite, Apt. #, etc.:
27 Brandon, FL
28 City & State:
29 Zip: 33509-0789, Country: Hills
4. FEI Number: 59-3173682
Applied For: Not Applicable
6. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [X] No

9. Name and Address of Current Registered Agent: CASTEEL, PAUL SR. 1312 HATCH PLACE VALRICO FL
10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83:
84 City: FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CASTEEL, PAUL SR. [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	CASTEEL, PAUL SR.	1.2 NAME	
STREET ADDRESS	104 EDMONTON LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33511	1.4 CITY - ST - ZIP	
TITLE	ST THOMPSON, CHERYL [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	THOMPSON, CHERYL	2.2 NAME	
STREET ADDRESS	104 EDMONTON LN.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRANDON FL 33511	2.4 CITY - ST - ZIP	
TITLE	[] DELETE	3.1 TITLE	[] Change [] Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	[] DELETE	4.1 TITLE	[] Change [] Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	[] DELETE	5.1 TITLE	[] Change [] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: Chery1 Thompson 2/10/97 (813) 653-9641
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)