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

PROFIT



COF ANNU	RPORATION JAL REPORT 1997	Sandra Secre	ARTMENT OF STATE 8. Mortham tary of State CORPORATIONS	_	.997 8:00an ary of State
DOCUI 1. Corporation	MENT # V25302 RUCKING CORP.	(3)			8188 31811 31811 81811 81841 81841 1884
	PPRUCKING CORP. P.O. BOX 1467	P.U.	OCKING CORP. BOX 1467		3a. Date of Last Report
2. Principal P	TOBASSA, FL 3350 lace of Business	2a. Mailing Address	ASSA, FL 3350	4. FEI Number	04/02/1996 Applied For
21 542 Suite, Apt		Suite, Apt. #, etc.		59-3132835 6. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	C A	City & State		Election Campaign Financing	Fee Required \$5.00 May Be
23 Tany		28	T	Trust Fund Contribution	Added to Fees
24 3361	Country 25 Wills	Zip 29	Country 30	6. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No
DAD	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	INES, GEORGE 9 CIRCLE DR			(D.O. Bouldinghoods Man Assessable	
	ING HILL FL 34607			ress (P.O. Box Number is Not Acceptab	pie)
			83		
			84 City	**************************************	FL 85 Zip Code
office or r	egistered agent, or both, in the State i	of Florida. Such change wa	s authorized by the corporat	poration submits this statement for the plion's board of directors. I hereby accept	urpose of changing its registered
agent La SiGNATURE	m familiar with, and accept the obliga	itions of, Section 607.0505,	Florida Statutes.		
***************************************	Signature, typed or printed name of registered ager		OTE: Registered Agent signature requi		DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	BARNES, DEBRA M.	BARNES	1.1 TITLE 1.2 NAME		Change L Addition
STREET ADDRESS	SMA-DIRECTS OR	11 MAGNOLI	_		
CHY-ST-ZIP	SPRING-HIETPL GIB	SONTON, FL	ST-ZIP		
TITLE	נו	L_IDELETE	21401		Change Addition
NAME	BARNES, GEORGE	BARNES 611 MAGNOL	2.2 NAME		
STREET ADDRESS	SPONOLINA STRIVE	MAGNOL	A 85 REET ADDRESS	w.e.	
C(TY-ST-7)P	SPRINGHILL-FL-04007 GIE	SONTON FI	- 33534 ^{-7P}		Change Addition
TITLE NAME		[Dettit	3.2 NAME		C) Change C) Addition
STHEET 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		
C+TY - ST - ZIP		T I pr. ree	4.4 CITY-ST-ZIP		
TITLE		☐ DELÆTE	5.1 TITLE		Change Addition
NAME PROFEE ADDRESS			5.2 NAME		
STREET ADDRESS City - St - ZIP			5.9 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

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.

6.3 STREET ADDRESS

NAME STREET ADDRESS