

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

FILED
Jun 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mofham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V25302** (3)
1. Corporation Name
D & G TRUCKING CORP.



Principal Place of Business
**5425 CAR MACK RD
TAMPA FL 33610
US**

Mailing Address
**P.O. BOX 1467
THONOTOSASSA FL 33592
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 10614 US 92 E Suite, Apt. #, etc. 22 City & State 23 Tampa, Fla Zip 24 33610		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 03/30/1992		4. FEI Number 59-3132835 Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent BARNES, GEORGE 5309 CIRCLE DR SPRING HILL FL 34607				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 1467 83 10614 US Hwy 92 East Tampa, Fla 84 City FL 85 Zip Code 33610			
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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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	N/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, DEBRA M.			1.2 NAME	PO Box 1467		
STREET ADDRESS	8811 MAGNOLIA ST			1.3 STREET ADDRESS	Thonotosassa, Fla		
CITY-ST-ZIP	QIBSONTON FL			1.4 CITY-ST-ZIP	33592		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	N/A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARNES, GEORGE			2.2 NAME	PO Box 1467		
STREET ADDRESS	8811 MAGNOLIA ST			2.3 STREET ADDRESS	Thonotosassa, Fla		
CITY-ST-ZIP	QIBSONTON FL			2.4 CITY-ST-ZIP	33592		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE **Debra M. Barnes** **3-31-98** **813-1222253**

CR2E034 (10/97)