


FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90030 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V25302

1. Corporation Name
D & G TRUCKING CORP.



Principal Place of Business 10614 US 92 EAST TAMPA FL 33610 US	Mailing Address P.O BOX 1467 THONOTOSASSA FL 33592 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5417 Carmack Rd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/30/1992	4. FEI Number 59-3132835	Applied For <input type="checkbox"/> Not Applicable
22 City & State Tampa Florida	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Zip 33610	28 Country Hillsborn	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24		25		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent BARNES, GEORGE 10614 US HWY 92 EAST TAMPA FL 33610	10. Name and Address of New Registered Agent 81 Name Spiegel & Utrera, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Ave 83 84 City Coral Gables FL 85 Zip Code 33134
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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: **Spiegel & Utrera, P.A.** DATE: **5-21-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, DEBRA M.		1.2 NAME	
STREET ADDRESS P.O. BOX 1467 N/A		1.3 STREET ADDRESS	
CITY-ST-ZIP THONOTOSASSA FL 33592		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARNES, GEORGE		2.2 NAME	
STREET ADDRESS P.O. BOX 1467 N/A		2.3 STREET ADDRESS	
CITY-ST-ZIP THONOTOSASSA FL 33592		2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: **[Signature]** **SIGNATURE REQUIRED** DATE: **4-30-99** 8136233353

CR2E034 (1/98)