


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

FILED

Jun 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V55750 1. Corporation Name REID TRUCKING, INC.					
Principal Place of Business Mailing Address 5108 OLD KINGS ROAD JACKSONVILLE, FL 32254					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08-03-1992 3a. Date of Last Report 05/96 4. FEI Number 59-3143878 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROWE & ROWE PA 9471 BAYMEADOWS SUITE 203 JACKSONVILLE, FL 32256			10. Name and Address of New Registered Agent 81 Name CAROL ANN REID 82 Street Address (P.O. Box Number is Not Acceptable) 5108 OLD KINGS ROAD 83 84 City JACKSONVILLE, FL 85 Zip Code 32254		
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 <i>Carol Ann Reid</i> 5-31-97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE VICE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME DAVE P. REID STREET ADDRESS 807 DONTOLANE CITY-ST-ZIP MIDDLEBURG, FL 32068			11 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME CAROL ANN REID 13 STREET ADDRESS 807 DONTOLANE 14 CITY-ST-ZIP MIDDLEBURG, FL 32068		
TITLE PRESIDENT <input checked="" type="checkbox"/> DELETE NAME STEPHEN B. REID STREET ADDRESS 7513 BOB O LINK ROAD CITY-ST-ZIP JACKSONVILLE, FL 32219			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <i>Carol Ann Reid</i> 4-25-97 (904) 282-4943 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034 (9/96)