

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

FILED
May 07 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 # P96000079947 (3)
1. Corporation Name
RABON TRUCKING, INC.



Principal Place of Business: US 19 SOUTH MONTICELLO FL
Mailing Address: P.O. BOX 267 MONTICELLO FL 32345-0267

3. Date Incorporated or Qualified: 09/26/1996
3a. Date of Last Report
4. FEI Number: 59-3401788
Applied For: Not Applicable
5. Certificate of Status Desired: \$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 No

2. Principal Place of Business: 21 US 19 SOUTH, Suite, Apt. #, etc.
22 City & State: 23 MONTICELLO, FL, Zip: 24 32344, Country: 25 JEFFERSON
2a. Mailing Address: 26 P O Box 267, Suite, Apt. #, etc.
27 City & State: 28 MONTICELLO, FL, Zip: 29 32345, Country: 30 JEFFERSON

9. Name and Address of Current Registered Agent
RABON, JOHN L
RT 4 BOX 4698
MONTICELLO FL 32344

10. Name and Address of New Registered Agent
81 Name: JOHN L. RABON
82 Street Address (P.O. Box Number is Not Acceptable): RT 4 BOX 4698
83
84 City: MONTICELLO, FL, 85 Zip Code: 32344

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: *John L. Rabon* JOHN L. RABON PRES. DATE: 4-30-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	RABON, JOHN L	
STREET ADDRESS	RT 4 BOX 4698	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOLAND, SHARON R	
STREET ADDRESS	850 N. JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RABON, FRANCES H	
STREET ADDRESS	850 N. JEFFERSON	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, on an attachment with an address.

SIGNATURE: *John L. Rabon* JOHN L. RABON DATE: 4-30-97 510-2563

CR2E034 (9/96)