

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003006 (0)

1. Corporation Name
J & Z TRUCKING CORP.



Principal Place of Business: 11310 THONOTOSASSA ROAD THONOTOSASSA FL 33592
Mailing Address: 11310 THONOTOSASSA ROAD THONOTOSASSA FL 33592

3. Date Incorporated or Qualified: 01/10/1995
3a. Date of Last Report

2. Principal Place of Business
21 12221 Knights Griffin Rd
22 Suite, Apt. #, etc.
23 Thonotosassa, Fla.
24 33592
25 Hillsboro
26 P.O. Box 805
27 Suite, Apt. #, etc.
28 Thonotosassa, Fla.
29 33592
30 Hillsboro

4. FEI Number: 59-3286616
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

9. Name and Address of Current Registered Agent
ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	JACKMAN, DON	
STREET ADDRESS	12221 KNIGHTS GRIFFEN ROAD	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZIELENBACH, JOHN	
STREET ADDRESS	11310 THONOTOSASSA ROAD	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
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		
11 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	TERRI JACKMAN	
13 STREET ADDRESS	12221 Knights Griffin Rd.	
14 CITY-ST-ZIP	Thonotosassa, FL 33592	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Terri Jackman 813-986-2432
DATE: _____ DAY/STATE/PHONE: _____
TERRI JACKMAN, President

CR2E034 (3/96)