FILED

P95000003006

DOCUMENT # 1. Entity Name

J & Z TRUCKING CORP.

Principal Place of Business

Mailing Address

12221 KNIGHTS GRIFFIN RD THONOTOSASSA FL 33592 US		P. O. BOX 805 N/A THONOTOSASSA FL 33592 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		, Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FE	59-3286616			pplied For ot Applicable
Zip رو	Country	Zip	Country	5. Ce	ertificate of Status Desired		8.75 Adee Require	
	6. Name and Address of Current F	legistered Agent		7. Ná	ame and Address of New Reg	stered Ag	ent	
	Name	Name						
505 SOU	er, larry b Th flagler drive		Street Address (P.O. Box Number is Not Accept			<u>.</u>		
SUITE 11					-			
WEST PALM BEACH FL 33401-3475			City		•	FL	Zip Cod	e
SIGNATURE	e named entity submits this statement for Signature, typed or printed name of registered agent an		gistered office or regist egistered Agent signature requir			DATE	··· <u>-</u>	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		ate	Election Campaign Finance Trust Fund Contribution.	ing	\$5.0 Added	May Be
11.	OFFICERS AND D	IRECTORS	12.	ADD	ITIONS/CHANGES TO OFFICE	RS AND D	RECTOR	S IN 11
TITLE	S	☐ Delete	TITLE	<u> </u>			Change	Addition
NAME	JACKMAN, TERRI		NAME			_		
STREET ADDRESS CITY-ST-ZIP	12221 KNIGHTS GRIFFIN RD THONOTOSASSA FL		-STREET ADDRESS CITY-ST-ZIP					
TITLE	PVPT	☐ Delete	TITLE		······································		Change	☐ Addition
NAME	JACKMAN, DON L		NAME			_	J 011211g0	
STREET_ADDRESS CITY-ST-ZIP	12221 KNIGHTS GRIFFIN RD THONOTOSASSA FL 33592		STREET ADDRESS CITY-ST-ZIP	<u>.</u>	- ^ _ <u> </u>	· - .	•	- `
TITLE		☐ Delete	TITLE		*] Change	Addition
NAME STREET ADDRESS			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		<u>.</u>] Change	Addition
NAME			NAME			_		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					{
TITLE		☐ Delete	TITLE	_	·	<u></u>	Change	☐ Addition
NAME			NAME			_		
STREET ADDRESS]	STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	Addition
NAME		i	NAME					
STREET ADDRESS		ľ	STREET ADDRESS					
CITY-ST-ZIP		<u>. </u>	CITY-ST-ZIP					

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

813-986-2432