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PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000063197 (2)

A J AND G TRUCKING, INC.

FILED Apr 14 1998 8:00am Secretary of State

| Principal Place of Business | | | | Mailing Address | | | | T (4011001 170 1011) HOUR BOIL BOIL OBTILI OBTILI BOILD BRIDE AREA LIDIU FALLI LORY FAREL |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------|------------|----------------------|----------------------------------|-------------------|------------------|--------------------------------------------------------------------------------------------------------------|
| 1010 N.W. 128 ST. | | | | 1010 N.W. 128 ST. | | | | |
| NORTH MIAMI FL 33168 | | | | NORTH MIAMI FL 33168 | | | | DO NOT WRITE IN THIS SPACE |
| | | | | | | | | 3. Date Incorporated or Qualified |
| | | | | | | | | 07/15/1997 |
| 2. Principal Place of Business | | | | 2a, Mailing Address | | | | 4. FEI Number Applied For |
| 21 | | | 26 | 26 | | | | 65-07 93450 Not Applicable |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired \$8.75 Additional |
| 22 | | | 27 | | | | | Fee Hequired |
| City & State | | | <u></u> ⊢₁ | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| Zio Country | | | 28 | Z8 Country | | | | Trust Fund Contribution Added to Fees |
| Zip | <u> </u> | | | 21p | 30 | | | This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No |
| 24 25 29 30 9. Name and Address of Current Registered Agent | | | | | | | | 10. Name and Address of New Registered Agent |
| AI T | | | | | | 81 | Name | |
| ALTHEMAR, JOSUE 1010 N.W. 128 ST. | | | | | | 82 Street Address | | dress (P.O. Box Number is Not Acceptable) |
| NORTH MIAMI FL 33168 | | | | | | 02 | Stieet Add | dress (F.O. Box Number is Not Acceptable) |
| .,,,, | 17,7 171W W(1) | 72 00 100 | | | | 83 | | |
| | | | | | | 84 | City | 85 Zip Code |
| • | | | | | | " | Olly | FL S Z COOK |
| 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 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 regist agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | | | | | | | | |
| Signature, typed or printed harne of registered agent and trie if applicable (NOTE: Regist | | | | | | d Age | per erutangia In | ulred when reinstating) DATE |
| 12, | D | OFFICERS | AND DIHE | DELETE | 13. 111 | ITI E | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition |
| TITLE NAME | _ | AD INCHE | | 12 N | | | | |
| NAME ALTHEMAR, JOSUE STREET ADDRESS 1010 N.W. 128 ST. | | | | | | | ADDRESS | , |
| CITY-SY-ZIP NORTH MIAMI FL 33168 | | | | | | | T-ZIP | · |
| TITLE | | | | DELETE 2.1 T | | | " | ☐ Change ☐ Addition |
| NAME | | | | 2.2 M | | AME | | |
| STREET ADDRESS | | | | | 2.3 \$ | | ADDRESS | |
| CITY-ST-ŽIP | | | | | 2. 4 CI | | ST-ZIP | |
| TITLE | MLE DELETE | | | | | 3.1 TITLE | | Change Addition |
| NAME | | | | | 3.2 NAMI | |] | |
| STREET ADDRESS | | | | | 3.3 STREET ADDRESS | | ADDRESS | |
| CITY - ST - ZIP | | | | | _ | 3.4. CITY-ST-ZIP | | |
| TITLE | | | | ☐ DELETE | | | | ☐ Change ☐ Addition |
| NAME | r | | | | | NAME | İ | |
| STREET ADDRESS | | | | | 4.3 STREET ADDRESS | | 1 | |
| CITY-ST-ZIP | | | | ☐ DELETE | 4.4 CITY-ST-ZIP DELETE 5.1 TITLE | | T-ZIP | ☐ Change ☐ Addition |
| TITLE | | | | | | | | Collaringe C Addition |
| NAME OTREET ADDRESS | | | | | 5.2 N | | ADDRESS | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| CITY-ST-ZIP TITLE | | | | DELETE | 5.4 0 | | IT-ZIP | Change Addition |
| NAME | | | | - John Service | 6.21 | | | |
| STREET ADDRESS | | | | | | | ADDRESS | |
| | | | | | | 6.4 CITY-ST-ZIP | | |
| 3011-01-20 | | | 4 14 41 1 | | | | | in Continue 440 07/20/0 Elevido Statutos I further partifu that the information |

indicated on this annual report or supplied with mishing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 trusting emperiod to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with a doges.