SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(9)

FILED Aug 07 1997 8:00am Secretary of State

Principal Plac	TRUCK BODY SERVICE Of Business	Mailing Address			
		1099 MCDUFF AVE NORT JACKSONVILLE FL 32254	Н		
US		US		DO NOT WRITE	IN THIS SPACE
				3. Date incorporated or Qualified	3a, Date of Last Report
				02/07/1969	06/05/1996
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	W =4=	26	· · · · · · · · · · · · · · · · · · ·	59-1273135	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25		30	This corporation owes or has pa Personal Property Tax due June	
	9. Name and Address of Curre			10. Name and Address of New Re	
NE	ELSON, JAMES E	<u> </u>	81 Name		V
109	99 N MCDUFF AVE CKSONVILLE FL 32205		82 Street Addi	ress (P.O. Box Number Is Not Acceptab	le)
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the obliging signature, typed or printed name of registered as		s, the above-named corporation in the corporation of the corporation o	ooration submits this statement for the p tion's board of directors. I hereby accep	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	DATE FOR AND DIDECTORS IN 40
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	NELSON, JAMES E		1.2 NAME		
STREET ADDRESS	1099 N. MCDUFF AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	ŝV	DELETE	2.1 TITLE		Change Addition
NAME	NELSON, WILLIAM H		2.2 NAME		
STREET ADDRESS	1099 N. MCDUFF AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 City-St-ZiP		
TITLE	D	DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	NELSON, ARMATINA		3.2 NAME		
STREET ADDRESS	1099 N. MCDUFF AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
RAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TIPLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T has seen	5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		İ
CITY-ST-ZIP			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, or on an attachment with an address.