

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90215 031 ***150.00

DOCUMENT # 486956

1. Corporation Name

JACK WHITE TRUCKING, INC.

Principal Place of Business

RT 3. BOX 334
ALTHA FL 32421
US

Mailing Address

RT 3. ABOX 334
ALTHA FL 32421
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1975

4. FEI Number

59-1618418

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 owes the current year intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, JOHN A.
RT #1 BOX 334
ALTHA FL 32421

81 Name

John A. White

82 Street Address (P.O. Box Number is Not Acceptable)

Route 3

83 Box 334

84 City ALTHA

FL

85 Zip Code 32421

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WHITE, JACK
STREET ADDRESS RT #1 BOX 334
CITY-ST-ZIP ALTHA FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS Route 3, Box 334
1.4 CITY-ST-ZIP

Change Addition

TITLE STD
NAME WHITE, SHIRLEY S
STREET ADDRESS RT #1 BOX 334
CITY-ST-ZIP ALTHA FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS Route 3, Box 334
2.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)