

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

FILED

Jan 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 577472 (4)

1. Corporation Name
JOHN J. JERUE TRUCK BROKER, INC.

Principal Place of Business
195 N. RIFLE RANGE RD.
BARTOW FL 33830
US

Mailing Address
195 N. RIFLE RANGE RD.
BARTOW FL 33830-9296
US



3. Date Incorporated or Qualified 06/29/1978	3a. Date of Last Report 02/06/1996
4. FEI Number 59-1858040	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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

CAMPANO, E LUIS
1000 WESTWIND WAY
BARTOW FL 33830

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	JERUE, JOHN J.	1.2 NAME	
STREET ADDRESS	195 N. RIFLE RANGE ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	1.4 CITY - ST - ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	JERUE, LAURIE	2.2 NAME	
STREET ADDRESS	195 N RIFLE RANGE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	JERUE, J. JEFF	3.2 NAME	
STREET ADDRESS	195 N RIFLE RANGE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	3.4 CITY - ST - ZIP	
TITLE	SVD	4.1 TITLE	☐ Change ☐ Addition
NAME	CAMPANO, EUSEBIO L.	4.2 NAME	
STREET ADDRESS	195 N. RIFLE RANGE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTOW FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 or changed on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)