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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 577472

(4)

JOHN J. JERUE TRUCK BROKER, INC.

FILED Apr 20 1998 8:00am Secretary of State



HUND OCIONITES

| Pincipal Place of Business 18 in Ref. RANGE RD BARTOW FL 33930 DO NOT WRITE IN THIS SPACE | | | | | | | | | |
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| City & State Country 29 | Suite, Apt. | #, etc. | · · · · · · · · · · · · · · · · · · · | – | | 5. Certificate of Status Desired | T - | | |
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| Section Page | | 9 | ⊢ ¬ ´ | | | | | | |
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| 11. Pursuant to the provisiopy of Sediopy-Riy7 6502 and 607 1508, Florida Statutes, the above-named corporation submits instatement for the purpose of changing its registered agriculture or poly in the Skince of Florida Statutes. Such change was surhorized by the corporation's board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture in board of directors. I hereby accept the appointment as registered agriculture. I hereby accept the appointment as registered agricultures. In the appointment agriculture is a part of directors. I hereby accept the appointment as registered agricultures. In the appointment agriculture and accept the appointment agricultures. In the appointment agricul | | | | a | 4 City | <u> </u> | 85 | Zin Code | |
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| SIGNATURE 12. | 11. Pursuant | to the provisions of Sections 6)7.050 | 12 and 607.1508, Florida State | ules, the abo | ve-named co | proporation submits this statement for the | ne purpose of chang | ging its registered | |
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| CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 in the level of the second of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in the level of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(i), Flor | NAME | | | 5.2 NAM | E | | | | |
| TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. Indeed, on this sound report or 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 sound report or supplemental annual report is true and accurate and that my signature shall have the same length effect as if made under oath; that I am an | STREET ADDRESS | | | 5.3 STRE | ET ADDRESS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP 14. Neeby 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 information stated on this social report or supplied and in the course and that my signature shall have the same lengt effect as if made under path; that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information in the course of the same length effect as if made under path; that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an exemption stated in Section 119.07(3)(ii), Florida Statutes. | CITY-ST-ZIP | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 1.4. Thereby certify that the information supplied with this filing does not qualify for the expension stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this social report or supplemental annual report is true and accurate and that my signature shall have the same lengt effect as if made under path; that I am an | TITLE | | ☐ DELETE | 6.1 TITLE | | | LJ Ch | ange L Addition | |
| 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this samuel report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this samuel report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an indicated on this samuel report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this samuel report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an indicated on this samuel report or supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | NAME | | | | | | | | |
| 14. Thereby 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 enough report or supplied each in the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this enough report or 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 enough report or 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 enough report or 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 enough report of the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this enough report of the exemption in the exemption of the exemption of the exemption in the exemption of the exemption of the exemption in the exemption of the | STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | | | | |
| indicated on this appual report or supplemental appual report is true and accurate and that my signature shall have the same legal effect as it made under path; that I am ap | CITY-ST-ZIP | | | | | - 140 67/000 Ft. 111 0 | 18.00-2-28.00 | | |
| 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 | l indicated | on this annual report or supplement: | al annual report is true and ac | courate and 1 | hat my siana | sture shall have the same lenal effect : | as if mada under oa | ith: that I am an | |
| | officer or Block 12 | director of the corporation or the rector Block 13 it changed or | eiver or trustee empowered to Connect with an address | o execute this | s report as re | equired by Chapter 607, Florida Statut | es; and that my nan | ne appears in | |