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

Mailing Address

**PROFIT CORPORATION.** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 577472

Principal Place of Business

JOHN J. JERUE TRUCK BROKER, INC.

195 N. RIFLE I BARTOW FL 3 US			195 N. RIFLE RANGE BARTOW FL 33830 US	RD.				DO NOT WRITE	IN THIS SPAC	CE	
							3. Date Incom 06/29/19	orated or Qualifed	•		
2. Principal F	Place of Business		2a. Mailing Address			•	4. FEI Numbe		***	Apı	plied For
21			26				59-1858	040	. ]	No	t Applicable
Suite, Apt.	, #, etc.		Suite, Apt. #, etc	·.,			5. Certifcate of	of Status Desired		<b>1.75</b> A Fee Re	dditional quired -
City & Sta	te		City & State				6. Election Ca	mpaign Financing	_ \$	5.00	May Be
23		يسيد. سالماساس	28			/ ° = .		Contribution		dded to	
Zip		Country	Zip	Co	untry		8. This corpor	ation owes the curren	t year Intangibl	e	
24	25		29	30			Personal P	roperty Tax.	X_Y∈	es	□No ·
	9. Name and	Address of Current F	Registered Agent				10. Name and	Address of New Reg	gistered Agent	t .	
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			81	Name					
JOHI 105	NN, JOHN L S FLORIDA AV	Estation of	,-		82	Street Addr	ress (P.O. Box Nur	mber is Not Acceptabl	e)		
	ELAND FL 338				83		1100	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	- 5 415 - 115 - 512 - 5 415 - 115 - 512		
	٠.				84	City	: " .		98 12 4 18 6 K	Zip C	ode
	in the second		40 a		-	1			FL		
11. Pursuant	t to the provisions	of Sections 607.0502 a	and 607.1508, Florida (	voo outhorizo	above	e-named corp	on's board of direct	tore. I horoby accord t	ha annointman	t ac roc	rietered
bS√agent. I a	registered agent, am familiar with, a	or both, in the State of and accept the obligation ated name of registered agent a	Florida. Such change vins of, Section 607.050	vas authorize 5, Florida Sta (NOTE: Registere	ed by itutes. ed Agen	the corporatio	on's board of direct	tors. I hereby accept t	he appointmen	t as reg	gistered
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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 page attachment with an address, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

195 H. RELE

BADTOW FL

CITY-ST-ZIP TITLE

STREET ADDRESS

NAME

□ DELETE

**FILED** 

Feb 06, 1999 8:00am

**Secretary of State** 

02-06-1999 90031 004 \*\*\*150.00

☐ Change

☐ Addition