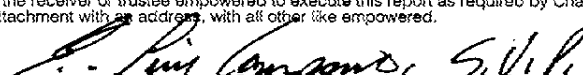


FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 577472 1. Entity Name JOHN J. JERUE TRUCK BROKER, INC.				Secretary of State	
Principal Place of Business 280 EAST MAIN STREET BARTOW, FL 33830 US		Mailing Address PO BOX 9007 BARTOW, FL 33830 US			
DO NOT WRITE IN THIS SPACE					
				01142004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1858040		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MANN, JOHN L 105 S FLORIDA AVE LAKELAND, FL 33801				DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				01/20/04-80071-008 158.75 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JERUE, JOHN J 280 EAST MAIN STREET BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JERUE, J. JEFFREY 280 EAST MAIN STREET BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVD CAMPANO, E. LUIS 280 EAST MAIN STREET BARTOW, FL 33830				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1-1403 (963) 519-5678			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			