

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

96 JAN 22 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 666828 (9)

1. Corporation Name

M & J COBB TRUCKING, INC.

Principal Place of Business

Mailing Address

C/O MARGIE COBB
RT 1, BOX 124
HOSFORD FL 32334

C/O MARGIE COBB
RT 1, BOX 124
HOSFORD FL 32334

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. 25. liberty

29. 30.

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/15/1980

3a. Date of Last Report

04/03/1995

4. FEI Number

59-1989620

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

10. Name and Address of New Registered Agent

81. Name

None

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 Margie Cobb - Secretary

manjie Cobb

1-17-96

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

1.1 TITLE

DELETE

NAME

PD
COBB, JERRY
RT. 1, BOX 12-4
HOSFORD FL

STREET ADDRESS

CITY- ST- ZIP

1.2 TITLE

DELETE

NAME

STD
COBB, MARGIE
RT. 1, BOX 12-4
HOSFORD FL

STREET ADDRESS

CITY- ST- ZIP

1.3 TITLE

DELETE

NAME

V
COBB, PHILIP
RT 1 BOX 12-4
HOSFORD FL

STREET ADDRESS

CITY- ST- ZIP

1.4 TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.5 TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.6 TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1.7 TITLE

DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

600001701836

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Margie Cobb, Sec. Margie Cobb 1-17-96 9-04-379-8495

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/11 Phone #

CR2E034 (12/95)