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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 670688

(1)

JOHNNY'S TRACTOR TRAILER SERVICE, INC.

## FILED May 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						•		L HEMBINÎ MALIT AMEJU MEJAN MITAN LANDU I		UNUI ULEN DA	
3383 S.W. 1	ITH AVE.		3383 S.W. 1	3383 S.W. 11TH AVE.				the state of the s			
ALAN LOEFF				ALAN LOEFFLER			DO NOT WINES IN THE SPACE				
US LAUDEN	DALE FL 3331	5	FI. LAUDER US	FT. LAUDERDALE FL 33315			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
			55					05/20/1980			
2. Principal I	Place of Busin	ness	2a. Mailing A	2a. Mailing Address				4. FEI Number		1 14	pplied For
21			26	26			59-2010140		<del>  -   -  </del>	ot Applicable	
Suite, Apt	#, etc.		Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
22			27					9. Certificate of Status Desired		Fee R	equired
City & State			<u>├</u> ─┐ `	City & State				6. Election Campaign Financing	-		May Be
<b>23</b> Zip		Country	28 Zip	Zip Country				Trust Fund Contribution		· · · · · · · · · · · · · · · · · · ·	to Fees
24		25	<del></del>	29 30			<ol> <li>This corporation owes or has p Personal Property Tax due Juni</li> </ol>			tangible ☐ No	
9. Name and Address of Current Registered Agent								10. Name and Address of New R			
LOEFFLER, ALAN J.						Name	в				
	83 SW 11T			•		Stree	t Addres	ss (P.O. Box Number is Not Accepta	hle)		
FT	LAUDERD	NLE FL 33315		[*				o (i.e. box radilibor la radi ridopia	5107		
					83						
					84	City				85 Zip	Code
44 Diversion	to the provis	long of Continue 007.0	100 1007 1500 F			<u> </u>			FL.	111	
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 Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE											
12.	(NOTE	Registered Ao	ent signatu	re required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERC AND	DIDECTOR	20 111 40			
TITLE	P	OF FIDERIS A	AND DIRECTORS	DELETE	1.1 TITLE		T	ADDITIONS/CHANGES TO OFFI		Change	Addition
NAME	LOEFFL	ER, ALAN J.	<del></del> -		1.2 NAME		1		•	on congo	
STREET ADDRESS	3383 S.	W. 11TH AVENUE				ADDRESS	.				
CITY-ST-ZIP		DERDALE FL			1.4 C(TY - 9	T-21P					
TITLE	ST			DELETE	2.1 TITLE					Change	Addition
NAME		AN, CAROL			2.2 NAME						
STREET ADDRESS		W. 11TH AVENUE			2.3 STREET ADDRESS		.				
CITY-ST-ZIP TITLE	- FI LAUI	DERDALE FL		DELETE	2. 4 CITY-	ST-ZIP	┦		·	<b>-</b>	
NAME						31 TITLE			ι	Change	Addition
	NAME STREET ADDRESS				3 2 NAME 3 3 STREET ADDRESS						1
CITY-ST-ZIP				3.3 SINEET ADDRESS 3.4. CITY - ST - ZIP							
TITLE				DELETE	4.1 TITLE	ot-Tik	+		т	Change	Addition
NAME					4. 2 NAME				•		
STREET ADDRESS					4.3 STREET	ADDRESS					j
CITY-ST-ZIP					4.4 CITY-S	T-ZIP					
TITLE				DELETE	5.1 TITLE	-				Change	Addition
NAME					5.2 NAME						
STREET ADDRESS					5.3 STREET	ADDRESS					
CITY-ST-ZIP				DELETE	5 4 CITY-S	T-ZIP	1			1 04	
TITLE .			LJ	DELETE	6.1 TITLE				L	Change	☐ Addition
NAME STREET ADDRESS					6.2 NAME	ADDESS-					
CITY-ST-ZIP					6.3 STREET						
	certify that the	information supplied	with this filing does r	not qualify for	6.4 CITY-S	i-zir tion stat	ted in Se	iction 119.07(3)(i), Florida Statutes. I	further cert	ify that the	information

indicated on this annual report or suppliere that interest early that the property that the information indicated on this 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 frustoe empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of Changed, or on an attachment with an address. CAROL LIVERMAN SEC/TREAS.

SIGNATURE:

ust Lissim

Sect Thous

4/2/98

(954) 5249209