PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 673297

(8)

FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Jan 29 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1997

J-J HAULING, INC.									
Principal Place	e of Business	Mailing Address				- I VORTINE BITHE INGUR INTO ENGIR LADIN LEGGI	INNE DEDIE OF	OST OFFICE STORY O	JIBK KOPT
FLETCHER ROAF		FLETCHER ROAD P.O. BOX 266 NOCATEE FL 34268-0286							
Nocatee FL 08	39.4	NOURIEE PL 34200-0200			Date Incorporated or Qualified 3a. Date of Last Report 06/12/1980 01/24/1996			eport	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26				59-2007687		No	ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.	h			5. Certificate of Status Desired		•	Additional
22		27			J. Collingto of Class Ballion		Fee Re	equired	
City & State	0	City & State			6. Election Campaign Financing	r	\$5.00		
23		28	T 0=			Trust Fund Contribution	<u> </u>	Added t	
Zip 34;	2-68 Country	Zip	 	untry		8. This corporation has liability for		tex under s. ∃ No	. 199.032,
24 24	9. Name and Address of Curren	29 Agent	30	1-		Florida Statutes 10. Name and Address of New Re			
IOUN	nson, Kenneth E.			81	Name				
				Ш					
1730 FLETCHER RD. ARCADIA FL. 33821 *				82	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
Anur	ADA FL GGOZI			83			· ····		
					<u></u>	·			
				84	City		FL	85 7	Code
office or re	to the provisions of Sections 607,050 registered agent, or both, in the State im familiar with, and accept the obligi	of Florida, Such change was	authorize	d by	the corporati	oration submits this statement for the poor's board of directors. I hereby accept	ourpose of ot the app	changing it ointment as	ts registered registered
SIGNATURE									
12,	Signature, typed or printed name of registered age OFFICERS AN		13.	d Ager	ni signature require	ed when reinstailing) ADDITIONS/CHANGES TO OFFICE	DATE FRS AND	DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 T	ITI F		ADDITIONS/CHANGES TO GITTE	LIO AND	Change	Addition
NAME	JOHNSON, KENNETH E.		- 1	AME					_
STREET ADDRESS	1730 SW FLETCHER ROAD				ADORESS				
CITY - ST - ZIP	ARCADIA FL			ITY-ST					
TITLE	VP	DELETE	21 T					Change	Addition
NAME	JOHNSON, JUANITA M.		2.2 N	AME		•			
STREET ADDRESS	1730 S W FLETCHER ROAD		2.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ARCADIA FL		2.40	CITY - S	T - ZIP				
TITLE		DELETE	3.1 7	ITLE				Change	Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP		<u></u>	3.4. (CITY-\$	T-ZIP				
TITLE		DELETE	4.1 T	TLE	1			Change	Addition
NAME				NAME	Ì				
STREET ADDRESS					ADORESS				
CITY - ST - ZIP		T sector		ITY-\$1	r- 21P				Audit
TITLE		LJ DEL£TE	517		}			☐ Change	Addition
NAME			5.2 N						
STREET ADDRESS					ADDRESS				
CITY-ST-7IP		DELETE		ITUE	r-ZIP			Change	Addition
TITLE		ר"] מנוגונ	617					FF CHAIRS	LAND MUDITION
NAME			6.2 N		1DDDCCC				
STREET ADDRESS (ADDRESS				
City-St-ZiP	by certify that the information supplie	d with this filing does not gual		ITY-SI		In Section 119.07(3)(i), Florida Statute	s I further	certify that	the
informatio Lam an o	or indicated on this annual report or s	supplemental annual report is the receiver or trustee empore	true and vered to	асси	rate and that	my signature shall have the same legs t as required by Chapter 607, Florida S	l effect as	: if made un	ider oath: that

SIGNING OFFICER OF DIRECTOR