


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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F33636 (4)

1. Corporation Name
A. & E. TRUCK SERVICE, INC.



Principal Place of Business: **2665 SOUTH STREET FT. MYERS FL 33901**

Mailing Address: **2665 SOUTH STREET FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/06/1981**

4. FEI Number: **59-2106176** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

9. Name and Address of Current Registered Agent: **JACOBSEN, SIDNEY A. 4628 SW 18 AVE CAPE CORAL FL 33914**

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	SDT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBSON, SID	1.2 NAME	KEVIN JACOBSEN
STREET ADDRESS	4628 SW 18 AVE	1.3 STREET ADDRESS	503 TRAFALGAR PKWY
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33991
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GILMAN, KIM	2.2 NAME	
STREET ADDRESS	2220 SW 21 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	SDT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	JACOBSEN, KENNETH	3.2 NAME	
STREET ADDRESS	4628 SW 18 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 only in attachment with an address.

SIGNATURE: *Sidney A. Jacobsen* **SIDNEY A. JACOBSEN** PREC 3-3-98 041-334-1196

CR2E034 (10/97)