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CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F89883

(5)

J.R. BERNARD HAULING, INC.

FILED May 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8690 GULF BLVD 8690 GULF BLVD ST. PETERSBURG BCH. FL 33708 ST. PETERSBURG BCH. FL 33706 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1982 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-1879096 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zφ Yes 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BERNARD, JOSEPH R 8690 GULF BLVD. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG BCH. FL 33706 Zip Code City 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 registerist agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. DELETE ☐ Change Addition 1.1 TITLE PSTD TITLE BERNARD, JOSEPH R 12 NAME NAME 8690 GULF BLVD 1.3 STREET ADDRESS STREET ADDRESS ST. PETERSBURG BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Change __ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition ☐ Change DELETE 61 TITLE TITLE 62 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. 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 on an attachment with an address.