FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:40

DOCUMENT # F94000005605 (0)

1. Corporation Name
J & M TANK LINES, INC.

Principal Place of Business
P.O. BOX 1659
AMERICUS GA 31709

Mailing Address
P.O. BOX 1659
AMERICUS GA 31709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report:

4. FEI Number: 58-1362734 ☐ 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

2. Principal Place of Business
21 510 W. Lamar St.
Suite, Apt #, etc
22
City & State
23 Americus, Ga
Zip
24 31709
Country
25 Sumter

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

MOSS, MARVIN I
4651 SHERIDAN ST.
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name
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

12. OFFICERS AND DIRECTORS

TITLE	PDC
NAME	SUMERFORD, HAROLD A SR
STREET ADDRESS	UPPER RIVER RD.
CITY ST ZIP	AMERICUS GA
TITLE	ST
NAME	SUMERFORD, WILLIAM E
STREET ADDRESS	UPPER RIVER RD.
CITY ST ZIP	AMERICUS GA
TITLE	V
NAME	ROBERTS, ARNOLD
STREET ADDRESS	313 W. COLLEGE ST.
CITY ST ZIP	AMERICUS GA
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY ST ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY ST ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY ST ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY ST ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY ST ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY ST ZIP		

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)(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.

SIGNATURE: [signature] ARNOLD ROBERTS 2-21-95 924-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0478628 FP