## 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 #** F9400005605 (0)

J & M TANK LINES, INC.											
Principal Plac	na of Business		Molling Address								
Principal Place of Business Mailing Address 510 W LAMAR ST P.O. BOX 1659											
AMERICUS GA 31709 AMERICUS GA 31709											
US								DO NOT WRIT		SPACE	
								<ol> <li>Date Incorporated or Qualified 10/28/1994</li> </ol>			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		- I IA	pplled For	
21	21			26				58-1362734		<del></del>	ot Applicable
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.					5. Certificate of Status Desired See Requir			
City & State			City & State				6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution			to Fees
Zip	Count	Zip	Countr	Country		8. This corporation owes or has p	aid the cu	rrent year in	tangible		
24	25	29	30			Personal Property Tax due Jun			□ No		
310	9. Name and Addr	ess of Current F	Registered Agent		81	. , ,	\	10. Name and Address of New R	egistered	Agent	
	oss, marvin i 51 sheridan st.				8'	"	Name				
46: H0		82 Street			Street Addres	ss (P.O. Box Number is Not Accepta	able)				
					83	3					
					84	1 (	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos, the ob-						(O-D	amed cornor	ration explanite this statement for the	FL	,	to registered
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 re-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 regardent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									registered :		
SIGNATURE	Signature, typed or printed nam	e of registered agent a	nd lite if applicable	(NOTE:	Banistared An	ont s	ignature required	when rejectating)	DATE		
12. OFFICERS AND DIRECTORS				(4072.	13.			ADDITIONS/CHANGES TO OFF		DIRECTOR	RS IN 12
TITLE	PDC	☐ DELETE		1,1 TiTLE					Change	Addition	
NAME	SUMERFORD, HA		1.2 NA								
STREET ADDRESS				1,3 ST			DRESS				]
CITY-ST-ZIP				1.4 CI			IP				-
TITLE	ST		DELETE 2.						☐ Change	Addition	
NAME	SUMERFORD, WI	2.2			2.2 NAME						
STREET ADDRESS	ALIEDIONO CA						DRESS				ļ
CITY-ST-ZIP	AMERICUS GA				2. 4 CITY-	ST-2	ZIP				
TITLE	ROBERTS, ARNO		DELETE 3.11						L Change	☐ Addition	
NAME STOCET LOGGE	313 W. COLLEGE				3.2 NAME						ŀ
STREET ADDRESS	AMERICUS GA	01.			3.3 STREET						
CITY-ST-ZIP TITLE	7111211000 01		L. DE	1 FTF	3,4, CITY- 4,1 TITLE	\$1-2	IP			Change	Addition
NAME				LLIL	4. 2 NAME					Change	LI Addition
STREET ADDRESS					4.3 STREET		DECC.				
CITY-ST-ZIP					4.4 CITY-S						
TITLE			☐ DE	LETE	5.1 TITLE	): - <u>(</u>	<u>"                                    </u>			☐ Change	Addition
NAME				_	5.2 NAME						
STREET ADDRESS					5.3 STREET	(ADE	DRESS				
CITY - ST - ZIP					5.4 CITY - S		1				
TITLE			☐ DE	LETE	6.1 TITLE					Change	Addition
NAME					6.2 NAME						
STREET ADDRESS					6.3 STREET	ADO	RESS				

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 it extracts or on an attachment with an address.

912)924-3663

**FILED** 

Jan 20 1998 8:00am

Secretary of State