## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1) DOCUMENT # 1. Corporation Name WAYNE JONES TRUCKING, INC.



Principal Place o	f Business	Mailing Address						
4250 E 4TH		4250 E 4TH AVE	4250 E 4TH AVE					
HIALEAH FL 33013		HIALEAH FL 33013	HIALEAH FL 33013				Dan	
					3. Date incorporated or Qualified 06/10/1983	3a. Date of L 04/	_ast Rep <b>26/19</b> 9	
		2a, Mailing Address			4. FEI Number	L	Ap	oplied For
, Principal Plac	e of Business	26			59-2292478			ot Applicable
Suite, Apt. #,	etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired	<b>\$</b>	<b>8.75</b> A	Additional equired
<u> </u>		27]			6. Election Campaign Financing		\$5.00	May Be
City & State		City & State			Trust Fund Contribution			to Fees
		<b>28</b> Zip	Cou	untry	B. This corporation has liability for i	ntangible tax ur	nders 1	99.032,
Zip ]	Country 25	29	30	,	Florida Statutes S Yes	[_] No		
	9. Name and Address of Curre			[	10. Name and Address of New R	egistered Age	ınt	
	9, 142110			81 Name				
IONES	MAVNE D			82 Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
JUNEO,	, WAYNE R. 4TH AVE			Giroot Add				
	H FL 33013			83				
HIALEA	U LE 20012			84 City		-,	85 Zip	Code
				1 1 -	ation submits this statement for the purel of directors. Thereby accept the app	FL		
	Signature, typed or printed name of regulered so OFFICERS A	peractive capitates (IIII) AND DIRECTORS	NúlE Algislere 13.	ad Agent's greture requires	ADDITIONS/CHANGES TO OFF	DATE	RECTOR	RS IN 12
12.	DP OFFICE NO. 7	DELETE		TITLE			Change	☐ Addition
AAME	JONES, WAYNE		121	NAME				
STREET ADDRESS	446 OLD RIVER RD		135	STREET ADDRESS				
CITY - ST - ZIP	BOLLMINGDALE GA		1,47	CITY-ST-ZIP			Change	Addition
TITLE	DST	☐ DELEIE	2 1	TITLE		ш	Ollange	
NAME	JONES, NANCY							
				NAME				
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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 certify that I am an officer or director of this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR GRECTOR