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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT # (

NAME Street Address

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

G43330

(1)

WAYNE JONES TRUCKING, INC.

**FILED** 

Apr 22 1998 8:00am

Secretary of State

Change

Addition

Principal Place of Business		Mailing Address	Mailing Address			s emmistr mater arfam reind jerne trite Sate Briter friftt Gifte Gifter Briter filme filler			
4250 E 4TH AVE HIALEAH FL 33013		4250 E 4TH AVE HIALEAH FL 33013				DO NOT HIPSTS IN THE	e enver		
						DO NOT WRITE IN THE	S SPACE		
						3. Date Incorporated or Qualified			
	<del> </del>					06/10/1983			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number Applied For			
21		26				59-2292478	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stale		City & State			6. Election Campaign Financing	\$5.00	May Be		
23		28			Trust Fund Contribution		to Fees		
Zip	Country Zip Co		Cour	itry		8. This corporation owes or has paid the o	urrent year in	tangible	
24	25	29	30			Personal Property Tax due June 30.		□ No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registers	d Agent		
JO	ONES, WAYNE R.		-	81	Name				
4250 E 4TH AVE			h	82	Street Addre	et Address (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33013			[		oticet Addie	23 (1.10. Dox Humber is Not Noceptable)			
•••			1	83		,			
			la la	84	City		. 85 Zip	Code	
			- 1'	54	City	F	[   63   Zip	Code	
office or	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, I	s authorized Florida Statu	by ites.	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	opointment as	registered	
12.		D DIRECTORS	13.	50	t ang taront require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	25 INI 12	
TITLE	<b>OP</b>	DELETE	1.1 T/R	F		ADDITIONS/CHANGES TO CITTOLITS A	Change	Addition	
NAME	JONES, WAYNE		1.2 NAM		1		Onlango		
	446 OLD RIVER RD					ee			
STREET ADDRESS	BOLLMINGDALE GA			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE	DST DST	DELETE			· ZIP		Change	Addition	
	, =		2.1 THU				Change		
NAME	JONES, NANCY		22 NAN						
STREET ADDRESS	DI COMMICHI E CA		2.3 STR	2.3 STREET ADDRESS					
CITY-ST-ZIP			2 4 CIT		I - ZIP				
TITLE		☐ DELETE	3.1 TITL	.E			Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 S1R	EET A	ADDRESS				
CITY-ST-ZIP	<u> </u>		3.4. CIT	Y - ST	i-21P				
TITLE		☐ DELE <b>te</b>	4.1 F(TL	E			Change	Addition	
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STR	EET A	ADDRESS				
CITY-ST-ZIP			4.4 CHY						
TITLE		DELETE	5.1 TiTL				Change	Addition	

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 on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

DELETE

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