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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra 3. Mörtham

DIVISION OF CORPORATIONS

Secretary of State

1996

J43764

(6)

DOCUMENT # Jan. Corporation Name

JERRY TRUCKING, INC.

							TO STATE AND A STATE THE STATE THE STATE OF
Principal Place o		M	ailing Address				
2011 DA HLIA RD. JACKSONVILLE FL 32254 US  2011 DA HLIA RD. JACKSONVILLE FL 32254 US  2011 DA HLIA RD. JACKSONVILLE FL 32254 US							
						3. Date incorporated or Qualified 11/19/1986 3a. Date of Last Report 02/03/1995	
2. Principal Plac	ce of Business	2a.	Mailing Address				4. FEI Number Applied For
1			i				<b>59-2796854</b> Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State			City & State			6. Election Campaign Financing \$5.00 May Be	
]		28					Trust Fund Contribution Added to Fees
$Z_{\rm ID}$	Country		Zip	Cou	intry		This corporation has liability for intangible tax under s 199.032,     Florida Statutes
<u>                                    </u>	25	29	stared Agent	30	r		Florida Statutes Yes No  10. Name and Address of New Registered Agent
···	g, Name and Address of Currer	nt Regis	stered Agent		81	Name	IV. Italia Bild Addissa of Hori Flogration Agent
- WILFONG, GERALD					-	0	ss (P.O. Box Number is Not Acceptable)
7534 HOLIDAY RD S				!	82	Street Addres	SS (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32216					83		
					84	City	85 Zip Code
					ì '	1 1	tion submits this statement for the purpose of changing its registered office
SIGNATURE	<ul> <li>n, and accept the obligations of, Soc Streture, typid or printed remonstrated agent</li> <li>OFFICERS AN</li> </ul>	aru tife if	applicable (NC		i Ager	nt signature required	when reinstating.  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ot.f	PD	it built	DELETE	1.17	HTLE	<u> </u>	Change Addition
iame	WILFONG, GERALD			12 N	AME		
THEET ADORESS	7534 HOLIDAY RD S			138	TREFT	ADDRESS	
ITY - S1 - ZIP	JACKSONVILLE FL					ST-ZIP	F7 01 F7 ALEV-
ITEF	SD MADE VA		☐ DELETE	2 1 1			Change Addition
iAMi	WILFONG, MARILYN 7534 HOLIDAY RD S			22 N		1 ADDDECC	
THEFT ADDRESS	JACKSONVILLE FL					I ADDRESS ST-ZIP	
ITY-ST-ZIF IT, E	ONO NOTHIELE 12		DELETE	3 1 3		51.71	Change Addition
4MF	•		_	32 N	AME		
THEE! ADDRESS				333	STREE	T ADDRESS	
CHY-\$1-ZiP						SI - ZIP	☐ Change ☐ Addition
HILE			DELÉTÉ	4 1 1			☐ Change ☐ Addition
HAME				421		T ADDRESS	
STREET ADDRESS				•		ST-ZIP	
COLY STOZP NYCE			DELFTE	5 1			Change Addition
NAME				521	IAME		
STEELT ADDRESS				5.3 \$	TREE	r address	
City St Zif			FD 05: 575			ST-7IP	☐ Change ☐ Addition
LITTE			DELFTE		THLE	ı	Change Addition
NAME					NAME	l	
STREET ADDRESS CITY ST-7/P				1		T ADDRESS	
	1					ST-ZIP	or the exemption stated in Section 119.07(3)(k), Florida Statutes, I further

4. 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)(k), 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 chapted, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF THE OFFI

0-8-96 904-783-6055