

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Jul 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # J43764 (6)
1. Corporation Name
JERRY TRUCKING, INC.

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|---|---|
| Principal Place of Business 2011 DAHLIA RD. JACKSONVILLE FL 32254 US | Mailing Address 2011 DAHLIA RD. JACKSONVILLE FL 32254 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--|--|---|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business 21 2011 DAHLIA ROAD Suite, Apt. #, etc. 22 City & State 23 JAX, FL Zip 24 32254 | | 2a. Mailing Address 26 2011 DAHLIA ROAD Suite, Apt. #, etc. 27 City & State 28 JAX, FL Zip 29 32254 | | 3. Date Incorporated or Qualified 11/19/1986 | | 3a. Date of Last Report 03/04/1996 | |
| Country 25 DUVAL | | Country 30 DUVAL | | 4. FEI Number 59-2796854 | | Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent WILFONG, GERALD 7534 HOLIDAY RD S JACKSONVILLE FL 32216 | | | | 10. Name and Address of New Registered Agent 81 Name WILFONG, GERALD 82 Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 258 83 84 City SANDERSON FL 85 Zip Code 32087 | | | |
|--|--|--|--|---|--|--|--|

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 Gerald R Wilfong GERALD R WILFONG 7-14-97 DATE
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| | | | | | | | |
|----------------------------|-------------------|---------------------------------|--|---|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WILFONG, GERALD | | | 1.2 NAME | | | |
| STREET ADDRESS | 7534 HOLIDAY RD S | | | 1.3 STREET ADDRESS | RT 1 BOX 258 | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 1.4 CITY-ST-ZIP | SANDERSON FL 32087 | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WILFONG, MARILYN | | | 2.2 NAME | | | |
| STREET ADDRESS | 7534 HOLIDAY RD S | | | 2.3 STREET ADDRESS | RT 1 BOX 258 | | |
| CITY-ST-ZIP | JACKSONVILLE FL | | | 2.4 CITY-ST-ZIP | SANDERSON FL 32087 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE: Gerald R Wilfong 7-14-97 904-783-6055

CR2E034 (4/97)