FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB -9 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J45501 (0)

1. Corporation Name

H & M TRUCKING CO., INC.

Principal Place of Business	Mailing Address
PO BOX 5761 2707 CHRISTOPER CREEK RD JACKSONVILLE FL 32247 US	PO BOX 5761 ~~2707 CHRISTOPER CREEK RD~~ JACKSONVILLE FL 32247 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/25/1986
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21: 8777 San Jose Blvd.
22 Suite, Apt. #, etc.: C-402
23 City & State: Jacksonville, FL
24 Zip: 32217
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: 59-2778951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MONROE, VAN S.
2707 CHRISTOPER CREEK RD
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ 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	DPT	11 TITLE	☐ Change ☒ Addition
NAME	MONROE, VAN S.	12 NAME	
STREET ADDRESS	2707 CHRISTOPER CREEK RD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	S	21 TITLE	☐ Change ☒ Addition
NAME	MONROE, JANE H.	22 NAME	
STREET ADDRESS	2707 CHRISTOPHER CRK.	23 STREET ADDRESS	
CITY-ST-ZIP	JAX FL	24 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE	VP	31 TITLE	☐ Change ☒ Addition
NAME	HARPE, DALLAS	32 NAME	
STREET ADDRESS	8777 SAN JOSE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE		41 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		42 NAME	Robert J. Wilson
STREET ADDRESS		43 STREET ADDRESS	8777 San Jose Blvd.
CITY-ST-ZIP		44 CITY-ST-ZIP	Jacksonville, FL 32217
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

2/14

14. 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)(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 above, or on an attachment with an address.

SIGNATURE: Van S. Monroe — President — 1/18/95 — 904/ 733-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407000 FP