

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J45501 (0)

1. Corporation Name

H & M TRUCKING CO., INC.

Principal Place of Business

Mailing Address

8777 SAN JOSE BLVD
C-402
JACKSONVILLE FL 32217
US

P.O. BOX 5761
JACKSONVILLE FL 32247
US



3. Date Incorporated or Qualified

11/25/1986

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21 64 N. ELLIS RD

Suite, Apt #, etc

22 City & State

23 JACKSONVILLE FLA

24 Zip

Country

25 32254

26 Suite, Apt #, etc

27 City & State

28 JACKSONVILLE FLA

29 Zip

Country

30 32254

31 Suite, Apt #, etc

32 City & State

33 JACKSONVILLE FLA

34 Zip

Country

35 32254

36 Suite, Apt #, etc

37 City & State

38 JACKSONVILLE FLA

39 Zip

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48 JACKSONVILLE FLA

49 Zip

Country

50 32254

51 Suite, Apt #, etc

52 City & State

53 JACKSONVILLE FLA

54 Zip

Country

55 32254

56 Suite, Apt #, etc

57 City & State

58 JACKSONVILLE FLA

59 Zip

Country

60 32254

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME MONROE, VAN S.
STREET ADDRESS 2707 CHRISTOPHER CREEK RD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE S ☐ DELETE

NAME MONROE, JANE H.
STREET ADDRESS 2707 CHRISTOPHER CRK.
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE VP ☒ DELETE

NAME HARPE, DALLAS
STREET ADDRESS 8777 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE AS ☒ DELETE

NAME WILSON, ROBERT J
STREET ADDRESS 8777 SAN JOSE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.S. MONROE

8/5/96

904/783-2600

CR2E034 (3/96)