## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

L & J TRANSPORTATION, INC.

DOCUMENT #
1. Corporation Name

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Oct 01 1998 8:00am Secretary of State



<b>,</b>					
Principal Place of Business 7971 S.E. PARADISE DR.		Mailing Address 1971 9. E Paradise 2070 CARAMBOLA RD. DRIVE			)(( \$1\$(( \$12(( \$18(( \$18() \$18() 190)
		- 2070-CARAMBOLA NO.	DRIVE		
A.B. DOM: 42121- STUART FL 34997 US		-W. PLAM BEACH FL 33418 -		DO NOT WRITE IN THIS SPACE	
		US STUART, 72. 34997		3. Date Incorporated or Qualified 08/24/1987	
2. Principal Place of Business 21 7971 SE Paradise Dr		2a. Mailing Address	1. A.	4. FÉI Númber	Applied For
			radise Dr	NOT_APPLICABLE	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 STUART, n		28 STUART, F	<u></u>	Trust Fund Contribution	Added to Fees
Zip Country		Z(r) . (C) C	Country •	8. This corporation owes or has paid the	current year Intengible
24 34997 [25] MANTIN [28] 3499		[29] 34491 [30	martin	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Register	ed Agent
HILL, LAUREN 7971 SE PARADISE DR			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
STUART FL 34997			83		
			84 City	F	85 Zip Code
office or	to the provisions of sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was auth	orized by the corporation	ration submits this statement for the purpose on submits this statement for the purpose on submits the purpose of the approximation of directors. I hereby accept the approximation is the purpose of the	of changing its registered oppointment as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title (Lapplicable (NOTE:	Registered Agent signature requ	ired when reinstaling) DAT	E
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	HILL, LAUREN L.		1.2 NAME		
STREET ADDRESS	7971 S.E. PARADISE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		1.4 CiTY-ST-ZIP		
TITLE	VP	L ∫ DELETE	2.1 TITLE		L Change L Addition
NAME	JOHNSON, LOWELL SCOTT		2.2 NAME		
STREET ADDRESS	7971 S.E. PARADISE DR.		23 STREET ADDRESS		
CITY-ST-ZIP TITLE	STUART FL		2.4 CITY-ST-ZIP		Change Addition
NAME		L DELETE	3.2 NAME		L Change L Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CiTY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME		E all services	4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		···
TITLE		Ľ ☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		

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. 561-223-

6.4 CITY-ST-ZIP

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