

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90012 009 ***150.00

DOCUMENT # J 88988

1. Corporation Name

L & J TRANSPORTATION INC. ✓

Principal Place of Business

Mailing Address

7971 SE Paradise DR
STUART, FL 34997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

7971 SE Paradise DR

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

27 City & State

STUART, FL

28

Zip

Country

Zip

Country

34997

25 Martin

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

4/90

J 88988

4. FEI Number

59-28456331

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 owes the current year intangible Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

Lauren L. Hill

82 Street Address (P.O. Box Number is Not Acceptable)

7971 SE Paradise Dr

83

84 City

STUART

FL

85 Zip Code

34997

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

Lauren L. Hill

4-26-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	Lauren L. Hill	<input type="checkbox"/> DELETE
NAME	PRESIDENT	
STREET ADDRESS	7971 SE Paradise Dr	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	V. Pres	<input type="checkbox"/> DELETE
NAME	LOWEN SCOTT JOHNSON	
STREET ADDRESS	7971 SE Paradise Dr	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	V. Pres	<input type="checkbox"/> DELETE
NAME	Barry Hanson	
STREET ADDRESS	15600 DERBY CT	
CITY-ST-ZIP	DAVIE, FL 33331	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

Lauren L. Hill

4/26/99

561-223-0631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)