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FILED

May 07 1997 8:00am

Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # K26383 (5)

1. Corporation Name  
JONES TRUCKING COMPANY, INCORPORATED

Principal Place of Business

RT. 2 BOX 1429, N/A  
CALLAHAN FL 32011  
US

Mailing Address

RT. 2 BOX 1429, N/A  
CALLAHAN FL 32011-9745  
US

2. Principal Place of Business

21 1890 West State Road 200

Suite, Apt. #, etc.

22 City & State

23 Callahan, FL

Zip

24 32011

Country

25 Nassau

2a. Mailing Address

26 P.O. Box 1320

Suite, Apt. #, etc.

27 City & State

28 Yulee, FL

Zip

29 32041

Country

30 Nassau

3. Date Incorporated or Qualified

06/13/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2899523

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

JONES, LINDA M  
RT. 2 BOX 1429, N/A  
CALLAHAN FL 32011

10. Name and Address of New Registered Agent

81 Name

Jones, Linda M.

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

1890 WEST STATE ROAD 200

83

84 City

Callahan

FL

85 Zip Code

32011

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 title, if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

0

NAME

JONES, LINDA M.

STREET ADDRESS

RT. 2 BOX 1429, N/A

CITY-ST-ZIP

CALLAHAN FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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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:

Linda M Jones

4/29/97

CR2E034 (9/96)