

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K44816** (2)  
1. Corporation Name  
**GRUBBS TRUCKING, INC.**



Principal Place of Business <b>% DELORES A GRUBBS 7547 FALCON TRACE DR W. JACKSONVILLE FL 32222</b>		Mailing Address <b>% DELORES A GRUBBS 7547 FALCON TRACE DR W. JACKSONVILLE FL 32222</b>	
3. Date Incorporated or Qualified <b>10/24/1988</b>		3a. Date of Last Report <b>05/01/1995</b>	

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-2913335</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite Apt. #, etc	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

<b>GRUBBS, DELORES A. 7547 FALCON TRACE DRIVE WEST JACKSONVILLE FL 32222</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		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, if different from above. (SOLE PROPRIETOR AND PARTNERS REGISTERED AS PROPRIETORS)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GRUBBS, JOHN B.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7547 FALCON TRACE DR W	2. NAME	
STREET ADDRESS	JACKSONVILLE FL	3. STREET ADDRESS	
CITY-ST-ZIP		4. CITY-ST-ZIP	
TITLE	SD GRUBBS, DELORES A.	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7547 FALCON TRACE DR W	6. NAME	
STREET ADDRESS	JACKSONVILLE FL	7. STREET ADDRESS	
CITY-ST-ZIP		8. CITY-ST-ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY-ST-ZIP		12. CITY-ST-ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-ST-ZIP		16. CITY-ST-ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-ST-ZIP		20. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or in an attachment with an address.

SIGNATURE: *John B. Grubbs - John B. GRUBBS Pres - 7/19/96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)