SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **K90259** **(8)**

1. Corporation Name
J.S. TRUCKING, INC.

Principal Place of Business	Mailing Address
6023 CASSON STREET P.O. BOX 791 BROOKSVILLE FL 34605-7791	6023 CASSON STREET P.O. BOX 791 BROOKSVILLE FL 34605-7791

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 6232 W. Broad St.	2a. Mailing Address 26 P.O. Box 791
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Brooksville, FL	City & State 28 Brooksville, FL
Zip / Country 24 34601 / 25 USA	Zip / Country 29 34605-0791 / 30

3. Date Incorporated or Qualified: 05/23/1989
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2948612 ☐ 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	10. Name and Address of New Registered Agent
JOHNSON, MELVIN H. 6230 WEST BROAD ST. BROOKSVILLE FL 34609	81 Name: Victoria H. Johnson 82 Street Address (P.O. Box Number is Not Acceptable): 6232 W. Broad St. 83 84 City: Brooksville FL 85 Zip Code: 34601

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 I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Victoria H Johnson, VICTORIA H. JOHNSON DATE: 8/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, MELVIN H.	1.2 NAME	Johnson, Melvin H.- Deceased
STREET ADDRESS	6023 CASSON ST.	1.3 STREET ADDRESS	(Estate is in probate)
CITY-ST-ZIP	BROOKSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☒ Change ☐ Addition
NAME	JOHNSON, VICTORIA H.	2.2 NAME	SD
STREET ADDRESS	6023 CASSON STREET	2.3 STREET ADDRESS	JOHNSON, VICTORIA H.
CITY-ST-ZIP	BROOKSVILLE FL	2.4 CITY-ST-ZIP	6024 CASSON STREET BROOKSVILLE FL
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Victoria H Johnson, VICTORIA H. JOHNSON, SD 8/3/95 (904)799-2322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167003 FP