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 # L42616 (7)

1. Corporation Name
M AND M TRUCK SERVICE, INC.

Principal Place of Business: 1903 GRAND ISLE CIR. #533-B ORLANDO, FLORIDA 32810

Mailing Address: M-M TRUCK SERV. INC. 230 Johnson Rd. FOREST PARK, GA 30050

3. Date Incorporated or Qualified: 01/08/1990
3a. Date of Last Report: 04/20/1995
4. FEI Number: 59-2980977 ☐ 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

2. Principal Place of Business		2a. Mailing Address	
21	1903 GRAND ISLE CIR	26	230 Johnson Rd.
22 Suite, Apt. #, etc	#533-B	27 Suite, Apt. #, etc.	
23 City & State	ORLANDO, FLORIDA	28 City & State	FOREST PARK, GA
24 Zip	32810	29 Zip	30050
25 Country	SEMINOLE	30 Country	CLAYTON

9. Name and Address of Current Registered Agent

MOSES, GARY E.
313 SHADOW OAK DRIVE
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name: TONI A. MOSES
82 Street Address (P.O. Box Number is Not Acceptable): 1903 GRAND ISLE CIR. #533-B
83 #533-B
84 City: ORLANDO, FLORIDA. FL 85 Zip Code: 32810

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: Toni A. Moses   DATE: 4-4-96

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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSES, GARY E.		1.2 NAME		
STREET ADDRESS	313 SHADOW OAK DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	D, P, T	☒ Change ☐ Addition
NAME	MOSES, JERRY A.		2.2 NAME	MOSES, JERRY A.	
STREET ADDRESS	170 B TATER HILL RD		2.3 STREET ADDRESS	415 LANG Rd.	
CITY-ST-ZIP	JACKSON GA		2.4 CITY-ST-ZIP	Covington, GA 30209	
TITLE		☐ DELETE	3.1 TITLE	D, V/P, S	☐ Change ☒ Addition
NAME			3.2 NAME	MOSES, Ruth A.	
STREET ADDRESS			3.3 STREET ADDRESS	415 LANG Rd.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Covington, GA 30209	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	000001870680	☐ Change ☐ Addition
NAME			5.2 NAME	-06/21/96--01022--013	
STREET ADDRESS			5.3 STREET ADDRESS	***225.00	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	6-20-96	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 on an attachment with an address.

SIGNATURE: X Ruth Moses   6-10-96   404-366-3663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #