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 05, 1999 8:00 am Secretary of State

05-05-1999 90126 005 ***150.00

DOCUMENT	#	177563
1. Corporation Name		E1 1 000

O'HARA TRUCKING, INC.

Principal Place	e of Business	Mailing Address	_				
%MARVIN C. JENKINS, JR. %MARVIN C. JENKINS, JR. 2917 BROADWAY AVE. 2917 BROADWAY AVE.					0.604.05	,	
JACKSONVILLE	FL 32205	JACKSONVILLE FL 32205			DO NOT WRITE IN THI	S SPACE	
					3. Date Incorporated or Qualifed 05/31/1990		1
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	Applied For
21		26			59-3013065	I N	lot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75	Additional
22	•	27			5. Certifcate of Status Desired	Fee F	Required
City & Stat		City & State			6. Election Campaign Financing	\$5.00	May Be
23	-	28			Trust Fund Contribution		to Fees
Zip	Country	Zip Country		8. This corporation owes the current year I			
24	25	<u> </u>	30	,	Personal Property Tax.	Yes	[] M6
24	9. Name and Address of Curre		-		10. Name and Address of New Registere		
	5. Italie and Address of Curre	III Kediatalaa Again	8	Name			
JENI	KINS, MARVIN C. JR.						
	BROADWAY AVE.		82	Street	Address (P.O. Box Number is Not Acceptable)		(
	KSONVILLE FL 32205		-	. —			
JACI	NOOIVILLE PL 32203		8:	<u> </u>			
			84		F		Code
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the obliga-	of Florida. Such change was au	thorized b	/ the com	corporation submits this statement for the purpose operation's board of directors. I hereby accept the app	of changing its pintment as r	s registered egistered
SIGNATURE	•				required when reinstating) DATE		
	Signature, typed or printed name of registered age			nt signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	OBS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	PD SERVICE MARKET OF ID	Chereie	1.1 TITLE			L] Change	
NAME	JENKINS, MARVIN C. JR.		1.2 NAME				}
STREET ADDRESS	2917 BRAODWAY AVENUE			T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		14 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS	: }		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				-
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY				{
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME !		_	4, 2 NAME	:	1		1
STREET ADDRESS				Et address			
Į							
CITY-ST-ZIP		☐ DELETE	4.4 CITY- 5.1 TITLE	51-ZIP		☐ Change	Addition
TITLE -		C) Detrie	5.1 TITLE 5.2 NAME			" (Tournage	
NAME	}			T 4000000	1		}
STREET ADDRESS				T ADDRESS			\
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		 _	
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME	Ì		6.2 NAME				
677577 4800536	J		63 STRE	TADDRESS	: J		J

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.

6.4 CITY-ST-ZIP

SIGNATURE: Maryin

904-384-9600 Daytime Phone #