SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M89088 (2)

1. Corporation Name

D & J TRANSPORT, INC.

Principal Place of Business	Mailing Address
2900 HADDOCK RD. JACKSONVILLE FL 32218 US	P.O. BOX ~~28270~~ 28332 JACKSONVILLE FL ~~32218-8270~~ 8332 32226

2. Principal Place of Business	2a. Mailing Address
21 2900 Haddock Rd	26 P.O. Box 28332
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Jax. Fla.	City & State 28 Jax. Fla.
Zip 24 32218 / Country 25 USA	Zip 29 32226-8332 / Country 30 USA

3. Date Incorporated or Qualified: 07/01/1988
3a. Date of Last Report: 08/07/1995
4. FEI Number: 59-2899454 ☐ 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

CUMMINS, JUANITA
2900 HADDOCK RD.
JACKSONVILLE FL 32218

10. Name and Address of New Registered Agent

81 Name: Juanita Cummins
82 Street Address (P.O. Box Number is Not Acceptable): 2900 Haddock Rd.
83
84 City: Jax. FL 85 Zip Code: 32218

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: Juanita Cummins — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 7/25/96

12. OFFICERS AND DIRECTORS

TITLE	PVD	☐ DELETE
NAME	CUMMINS, JUANITA	
STREET ADDRESS	3621 BESSENT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	VD	☐ DELETE
NAME	Susan Christian Clark	
STREET ADDRESS	2900 Haddock Rd.	
CITY-ST-ZIP	Jax. Fl 32218	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(x), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Juanita Cummins — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date: 7/25/96   Daytime Phone #: 904-765-1704