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

DOCUMENT # P92000011307

1. Corporation Name

CHECKER TRANSPORTATION OF JACKSONVILLE INCORPORA
TED

Principal Place of Business	Mailing Address
2119 ROWE AVE JACKSONVILLE FL 32209	P.O. BOX 9998 JACKSONVILLE FL 32208 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed	
12/11/1992	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**59-3196236**	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	**$5.00** May Be Added to Fees
23	28		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	
24 25	29 30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
ROBINSON, LUELLA J =8250 CONCORD BLVD W *6384 Barry Dr* JACKSONVILLE FL 32208	81 Name	
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City FL	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 _____

Signatura, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	ROBINSON, LUELLA J		1.2 NAME		
STREET ADDRESS	6384 BARRY DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32208		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	ROBINSON, STANLEY C		2.2 NAME		
STREET ADDRESS	2554 W. 43RD STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	ROBINSON, CYNTHIA D		3.2 NAME		
STREET ADDRESS	920 TAMWORTH RD *9120*		3.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL 32208		3.4 CITY-ST-ZIP		
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	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
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		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 of 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.

SIGNATURE: *Luella M Robinson, Pres.*   *4/19/99*   *904 765-9999*

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