

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REGISTRATION
ANNEX A, REFORM
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Montague
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 MAY 11 AM 10:35

DOCUMENT # **P93000018517 (1)**

JAR TRUCKING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21. Mailing Address
16655 HEMINGWAY DR
FT LAUD FL 33326
US

22. Mailing Address
16655 HEMINGWAY DR
FT LAUD FL 33326
US

23. State, Apt. # and City, State
24. City, State, Zip
25. City, State, Zip
26. Mailing Address
27. State, Apt. # and City, State
28. City, State, Zip
29. City, State, Zip
30. City, State, Zip

3. Date of Incorporation (or Organization) **03/11/1993**

3a. Effective Date Report **08/11/1994**

4. FEI Number **65-0392293**

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**

6. This corporation has made the appropriate filing with Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**REGUERO, PENNY
16655 HEMINGWAY DR.
FT LAUD FL 33326**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number, if Not Applicable)

83.

84. City, State, Zip Code
FL

11. Pursuant to the provisions of Sections 607.06(2) and 607.11(8), Florida Statutes, I, the undersigned, hereby submit 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 hereby accepting the obligations of Section 607.11(8), Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

1. NAME: **D REGUERO, JOHN A**

2. STREET ADDRESS: **16655 HEMINGWAY DR.**

3. CITY, STATE, ZIP: **FT LAUD FL**

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME

2. STREET ADDRESS

3. CITY, STATE, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.05(4)(b), Florida Statutes. I further certify that the information provided on this filing is not a supplemental annual report as true and correct and that my signature shall have the same legal effect as if made under oath. That signers available on the filing of this certificate or the receipt or financial information to use into the report as required by Chapter 100, Florida Statutes, and that my signature appears on Block 14 of change of registration attached with an address.

SIGNATURE: *John A. Reguero* **JOHN A. REGUERO** **5-5-95** **305-389-2449**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR