

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

**APPROVED
AND
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95 JUL 13 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION ANNUAL REPORT 1994 1995		 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name DEL'S J & M TRUCKING, INC.		DOCUMENT # P93000086483 (3)	

Mailing Address 3963A COCOPLUM CR. COCONUT CREEK FL 33066	Principal Place of Business 3963A COCOPLUM CR. COCONUT CREEK FL 33066
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1993		3a. Date of Last Report	
2. Mailing Address 21 Suits, Apt. #, etc. 22 City & State 23 Zip Country		2a. Principal Place of Business 26 Suits, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 952653439		Applied For Not Applicable	
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐		6. Election Campaign Financing Trust Fund Contribution ☐	
7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐		\$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 DELGADO JOHN 3963A COCOPLUM CR. COCONUT CREEK FL 33066		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President	1.1 TITLE		1.1 TITLE		1.1 TITLE	
1.2 NAME	John Delgado	1.2 NAME		1.2 NAME		1.2 NAME	
1.3 STREET ADDRESS	3963A Cocoplum Circle	1.3 STREET ADDRESS		1.3 STREET ADDRESS		1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	Coconut Creek, FL 33063	1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP		1.4 CITY - ST - ZIP	
2.1 TITLE	Secretary	2.1 TITLE		2.1 TITLE		2.1 TITLE	
2.2 NAME	Michele Delgado	2.2 NAME		2.2 NAME		2.2 NAME	
2.3 STREET ADDRESS	3963A Cocoplum Circle	2.3 STREET ADDRESS		2.3 STREET ADDRESS		2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	Coconut Creek, FL 33063	2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP		2.4 CITY - ST - ZIP	
3.1 TITLE		3.1 TITLE		3.1 TITLE		3.1 TITLE	
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3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS		3.3 STREET ADDRESS	
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4.2 NAME		4.2 NAME		4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS		4.3 STREET ADDRESS	
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5.1 TITLE		5.1 TITLE		5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME		5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP		5.4 CITY - ST - ZIP	
6.1 TITLE		6.1 TITLE		6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME		6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or 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: Michele Delgado - Secretary 5/24/95 305-977-8543
 (Signature and Typed or Printed Name of Signing Officer or Director)