FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996

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

4-11-96-B -C

DOCUMENT # **P93000087675 (3)**

1. Corporation Name

JONMAR TRUCKING, INC.

Principal Place of Business

904 LONG LAKE DRIVE
JACKSONVILLE FL 32225

Mailing Address

904 LONG LAKE DRIVE
JACKSONVILLE FL 32225

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

3. Date Incorporated or Qualified: **12/27/1993**

3a. Date of Last Report: **03/09/1995**

4. FEI Number: **59-3212930** 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

OSBORNE, MARK E.
904 LONG LAKE DR.
JACKSONVILLE FL 32225

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

11. Pursuant to the provisions of Section 607.0502 or 617.1502, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
OSBORNE, MARK E
904 LONG LAKE DR.
JACKSONVILLE FL

[ ] DELETE

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE
1 NAME
1 STREET ADDRESS
1 CITY-ST-ZIP
2 TITLE
2 NAME
2 STREET ADDRESS
2 CITY-ST-ZIP
3 TITLE
3 NAME
3 STREET ADDRESS
3 CITY-ST-ZIP
4 TITLE
4 NAME
4 STREET ADDRESS
4 CITY-ST-ZIP
5 TITLE
5 NAME
5 STREET ADDRESS
5 CITY-ST-ZIP
6 TITLE
6 NAME
6 STREET ADDRESS
6 CITY-ST-ZIP

[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing 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 attached amendment, with an address.

SIGNATURE: Mark Osborne 3-27-96 (904) 2212-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Phone #

CR2E034 (12/95)