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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	NUAL REPORT Scoreta		Sandra B. ! Secretary SION OF CC							
DOCUI	MENT #	P940000	000657	7 (4)						
N.E. F	LORIDA TRUCKII	NG COMPANY	, INC.				•••			

•			Mailing Address				(B)) 4013) BB)() #8	INII WUNIA BUATI WEARI	Masal Marki shini andi	
JAOKSONVII	V JOSE BLVD. LLE FL 32223	P.O. BOX 445-26 STATE ROAD 13, STE 391 JACKSONVILLE FL 32259								
	11.55 5aJ	Cophilips	Hwy 3225	56		 Date Incorporated or 01/03/1994 	Oualified :	3a. Date of Las 03/20/		
2. Principal Pla 21	ace of Business	1.2	a. Mailing Addr	e 8 S		4. FEI Number	**************************************	<u> </u>	Applied For	
Suite, Apt.	#, etc.	20	5] Suite, Apt. #	etc		59-3212986		60	Not Applicable	
22		2		, 0.0.		5. Certificate of Status (Desired [75 Additional se Required	
City & State	***************************************	21	City & State			Election Campaign Fi Trust Fund Contributi	-		.00 May Be	
Zp 24	Count 25	ry	Z:p	3	Country	8. This corporation has Florida Statutes	liability for inta ☐ Yes ☐		rs 199.032,	
	9. Name and Addr			0	<u> </u>	10. Name and Address				
11150-1	DEBRA E SAN JOSE BLVD. ONVILLE FL 32223	11556 Jackson	Philips	Huy	81 Name 82 Street	Address (P.O. Box Number is No	t Acceptable)			
		JUCKSON	5.10, p.e. 37	2256	84 City			FL 85	Zip Code	
11. Pursuant t	o the provisions of Sect	ions 607 0502 and i	807 1508 Florid	a Statutae t	no abovo namod co	prporation submits this statement	for the purpos	- 1 TT - 1 1	ts registered office	
familiar wit	th, and accept the oblig	ation of Section of	07 050 , Florida :	Statutes:	by the corporation s	board of directors. Thereby acce	ot the appoint	ment as registe	red agent. I am	
SIGNATURE _	Signature Apped or printed harve	of registered agent and title	†//	20016.0	- DIG C legistered Agent signature r	ショルナイ	-2	1)-4	6	
12.		OFFICERS AND DIR	***************************************	(401E. A	13,	ADDITIONS/CHANGE	S TO DEFICE	DATE.	TORS IN 12	95)
TITLE	Р		[]] DELI	ETE	1. 1 TITLE	ADDITIONO OF MINOS	O TO OTTIOL	Chan	ge Addition	2
NAME	SMITH, DEBRA (1.2 NAME			4		CR2E034 (12/95)
STREET ADDRESS	11556 PHILLIPS		<u>_</u>		1.3 STPEET ADDRESS					
CITY-ST-7IP	-JACKSONVILLE	FL July	***************************************		14 CHY-ST-ZIP	,				낊
TITLE			DELI	ETE	2 1 TETLE			Chan	ge []] Addition	O
NAME					22 NAME					
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CITY-ST-ZIP TITLE				t re	2 4 C 1Y - ST - ZIP					
NAME			L] DELL	L 1 L.	3. 1 THTLE 3.2 NAME			Chan	ge [] Addition	
STREET ADDRESS										
CITY-ST-ZIP					3.3. STREET ADDRESS 3.4 CITY+ST-ZIP					
TITLE			[] DELE	ETE	4. 1 THLE		—	[] Chan	ge Addition	
NAME					4.2 NAME			m 0.00	- La radion	
STREET ADDRESS					4.3 STREET ADDRESS					
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TITLE			() DELE	E1£	5. 1 T(TL€	······································		Chang	ge ☐ Addition	
NAME					5.2 NAME				_	
STREET ADDRESS					5.3 STREET ADDRESS					
CITY - ST - ZIP					5.4 CITY - ST - ZIF					
TITLE			[]] DELE	ETE	6. 1 TITLE	TO THE POST OF THE PARTY OF THE		[] Chang	ge Addition	
NAME					CONTR					

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 further certify that the information indicated on this annual report or supplier trail 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 of the receiver optrusted 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.

6.4 CITY-\$1-ZiP

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR