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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P9400009039 1. Corporation Name

JOHN J. JERUE TRANSPORTATION, INC.

## **FILED** Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90010 017 \*\*\*150.00



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incl Place of Business	Mailing Address					1	
rincipal Place of Business  1000 WESTWIND WAY ARTOW FL 33830  Mailing Address  1000 WESTWIND WAY BARTOW FL 33830				DO NOT WRITE IN THIS SPACE			
ARIOM PE 33630	•			3. Date Incorporated or Quali	ifed		Ì
				02/04/1994		<del></del>	J Far
·	Address			4. FEI Number		Applie	
Principal Place of Business	2a. Mailing Address	•		59-3224403			plicable
	Suite, Apt. #, etc.			5. Certificate of Status Desire	ed 🗆 .	\$8.75 Add	
Suite, Apt. #, etc.	H-1	المستند الدا					
and the second s	City & State			6. Election Campaign Finance	cing 🖂	\$5.00 Ma Added to F	y Be
City & State	<b>⊢¬</b> '		•	Trust Fund Contribution			
Country	Zip	Country		8. This corporation owes the	current year Into	angible Mayes □	No
Zip Country	<del></del>	30		Personal Property Tax.	- Buistand	~~·	<del></del>
4 25 25 25 25 25 25 25 25 25 25 25 25 25	29  <u> </u>	<del></del>		10. Name and Address of N	lew Registered	Agent	
9. Name and Address of Current I	Registered Agent	81	Name	•			
			Street Addr	ess (P.O. Box Number is Not Ac	cceptable)		
MANN, JOHN L 105 SOUTH FLORIDA AVENUE	, NO	82	Sileet Addi	1144 8 2 4 4 4	** * * * * * * * * * * * * * * * * * *	**** 1845 45 5 5 11 Chr. C. S. C. C. U. S.	14 (51) (3) 1 14 (51) (3) 1
105 SOUTH FLORIDA AVEITOL		83				<b>社</b> 公司的基础	
LAKELAND FL 33801		· L	<u> </u>			85 Zip Co	dè
11. Pursuant to the provisions of Sections 607.0502		84	City	-	<u> </u>	<u>-                                    </u>	**************************************
117. Pursuant to the provisions of Sections 607.0502  Office or registered agent, or both, in the State o agent. I am familiar with, and accept the obligations.					DATE		
SIGNATURE Signature, typod or printed name of registered agent	and title if applicable. (NOTI			ed when reinstating)	DATE		
SIGNATURE Signature, typed or printed name of registered agent  OFFICERS AND	and title if applicable. (NOTI	: Registered Ag	ent signature require		DATE	ND DIRECTOR	S IN 12
SIGNATURE  Signature, typed or printed name of registered agent  OFFICERS AND  TILE  D  IEDNES JOHN J	and title if applicable. (NOTE	Registered Ag	ent signature requir	ed when reinstating)	DATE	ND DIRECTOR	S IN 12
SIGNATURE  Signature, typed or printed name of registered agent  12.  OFFICERS AND  TITLE  NAME  JERUE, JOHN J  12.  OFFICERS AND  JERUE, JOHN J  12.  OFFICERS AND  DERUE, JOHN J	and title if applicable. (NOTE	13. 1.1 TITLE	ent signature requir	ed when reinstating)	DATE	ND DIRECTOR	RS IN 12
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  TITLE D JERUE, JOHN J  STREET ADDRESS 1000 WESTWIND WAY  PARTOW EL 33830	and title if applicable. (NOTE	13. 1.1 TITLE	ent signature require	ed when reinstating)	DATE	ND DIRECTOR	S IN 12
SIGNATURE  Signature, typed or printed name of registered agent  12. OFFICERS AND  12. OFFICERS AND  13. OFFICERS AND  14. OFFICERS AND  15. OFFICERS AND  16. OFFICERS AND  16. OFFICERS AND  17. SIGNATURE  18. OFFICERS AND  18. OFFICERS AND  19.	and title if applicable. (NOTE	13. 1.1 TITLE 1.2 NAMI	ent signature requin	ed when reinstating)	DATE	ND DIRECTOR  ☐ Change	RS IN 12
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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 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 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 attachment with an address, with all other like empowered.

SIGNATURE: