SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
97 NOV 14 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000028704 (2)**

1. Corporation Name
JAX TRUCK & EQUIPMENT, INC.

REINSTATEMENT 97
DO NOT WRITE IN THIS SPACE

Principal Place of Business
5911 COMMONWEALTH AVE.
JACKSONVILLE FL 32205

Mailing Address
5911 COMMONWEALTH AVE.
JACKSONVILLE FL 32205

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

2a. Mailing Address
26 5918 LANE Circle South
Suite, Apt. #, etc.
27
City & State
28 JAX FLA.
Zip | Country
29 32254 | 30

3. Date Incorporated or Qualified: **04/14/1994**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **59-3235715** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE FL 33311

10. **Name and Address of New Registered Agent**
81 Name: LAMBERTO VILLANUEVA
82 Street Address (P.O. Box Number is Not Acceptable): 5918 LANE CIRCLE S
83
84 City: JACKSONVILLE FL 85 Zip Code: 32254

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE: [signature] LAMBERTO VILLANUEVA 10. 9. 97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature is required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WEEKS, PAT M		1.2 NAME	
STREET ADDRESS	5911 COMMONWEALTH AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VILLANUEVA, LAMBERTO		2.2 NAME	
STREET ADDRESS	5905 COMMONWEALTH AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

100002350581---0
-11/18/97--01058--014
*****750.00 *****750.00

CR2E034 (4/97)

14. I do 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 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.

SIGNATURE: [signature] LAMBERTO VILLANUEVA 10. 9. 97 904-782-8187