

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 2:16

DOCUMENT # **P94000028897 (4)**

1. Corporation Name

ROGER JUNIOR TRUCKING, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

380 SOUTH STATE ROAD 434-173
ALTAMONTE SPRINGS FL 32714

Mailing Address

380 SOUTH STATE ROAD 434-173
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified
04/14/1994

3a. Date of Last Report
N/A

2. Principal Place of Business

21 **SAME**

2a. Mailing Address

26 **SAME**

4. FEI Number

59-3242307

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SAME**

Suite, Apt. #, etc.

27 **SAME**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 **SAME**

City & State

28 **SAME**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

ZIP

24 **SAME**

Country

25 **SAME**

Country

29 **SAME**

30 **SAME**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

**ATKINSON, ROGER
380 SOUTH STATE ROAD 434-173
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

B1 Name

SAME N/A

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

SAME N/A

B4 City

SAME N/A FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **Owner**
NAME: **Roger Atkinson**
STREET ADDRESS: **380 South State Road**
CITY- ST- ZIP: **Altamonte Springs FL 32714**

TITLE: **SAME**

TITLE: **SAME**

TITLE: **SAME**

TITLE: **SAME**

TITLE: **SAME**

TITLE: **SAME**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP **N/A SAME**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP **N/A SAME**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP **N/A SAME**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP **N/A SAME**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP **N/A SAME**

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP **N/A SAME**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.07(1)(c) 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 holder of a power of attorney 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-95

407 591-8564