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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P94000076503 (9)

C & J TRUCKING, INC.  Principal Place of Business  Mailing Address											
6704 LOTUS RD. SOUTH JACKSONVILLE FL 32211  AND ADDRESS  MAKING ACCUSES  6704 LOTUS RD. SOUTH JACKSONVILLE FL 32211											
PROMOGRAFICA	LL IL VELIT			TOTOOTTIBLE 12 VS				3. Date Incorporated or Qualified	1	te of Last Re	
	15		10-	De Mailing Address				10/17/1994 04/26/1994 4. FEI Number			Applied For
2. Principal Place of Business			<u></u> ⊢––	2a, Mailing Address 26				59-3298333			
Suite, Apt. #	, etc.		<u>_</u>	Suite, Apt. #, etc.				\$8.75 Additiona			
2			27	27				5. Certificate of Status Desired		Feat	Required
City & State			28	Orty & State	· — · · — ·			Election Campaign Financing     Trust Fund Contribution		•	O May Be d to Fees
Zip		Country		Zip	Cou	ıntry		8. This corporation has liability for		ax under s	199.032,
4]		25	29		30	·			: □No		
	g, Name	and Address of Curre	ent Registe	red Agent	<del>_</del>	81	Name	10. Name and Address of New I	legistered	Agent	
						01	Name				
VAUGHN, CHARLES H						82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
6704 LOTUS RD. SOUTH JACKSONVILLE FL 32211											
											. 0 - 1 -
						84	City		FI	_  85  Zij	p Code
SIGNATURE _		or printed name of registered ag	ent and title if ap	picable (N		d Ager	nt signature requ	red wien renslating: ADDITIONS/CHANGES TO OFI	DATE FICERS AN	ID DIRECTO	DRS IN 12
12. TITLE	D	OFFICERS AND DIRECTORS  DELETE		1.1	TITLE		ADDITIONS OF IANGES 10 OF	TOL TO TWO	Change	Addition	
NAME	VAUGHN, CHARLES H			_		IAME					
STREET ADDRESS		OTUS RD. SOUTH			1.3 \$	TREET	ADDRESS				
C'TY - ST - ZIP	JACKS	ONVILLE FL 32211			1.4 (	CITY-S	T-ZIP				
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NAME					221						
STHEET ADDRESS .							ADDRESS				
CITY - ST - ZIP TITLE				DELETE		DITY-S Title	ST-ZIP			[ ] Change	Addition
NAME				L. 011111		MAME	ì			-	_
STREET ADDRESS		•					T ADDRESS				
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CHY-ST-ZIP							ST-ZIP				
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C-TY-ST-ZiP					64	CITY-	ST-ZIP		0.03/01/21	50.00.00	
certify that	t the informa	estan indiantad on this or	nnual report	or supplemental an	nual report lee enicow	ic tri	ሀል ነክለ ነራሉ።	y for the exemption stated in Section 11 trate and that my signature shall have th this report as required by Chapter 607, I	e same ieo	arenect as	n made under

SIGNATURE:

Wellell of Laughn Sudoth L. VAughy 4-27-96 2 NATURE AND TYPED OF PRINTED NAMES OF SIGNING OFFICER OF DIRECTOR DATE OF DIRECTOR CR2E034 (12/95)