

DOCUMENT # P94000076503

1. Entity Name
C & J TRUCKING, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90003 048 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2008 DAHAMON ST 6704 Lotus Rd. S.
JACKSONVILLE FL 32211
US

Mailing Address
6704 LOTUS RD S
JACKSONVILLE FL 32211
US

2. Principal Place of Business
6704 Lotus Rd. S.
Suite, Apt. #, etc.
JACKSONVILLE FLA.
City & State

3. Mailing Address
6704 Lotus Rd. S.
Suite, Apt. #, etc.
JACKSONVILLE FLA.
City & State

4. FEI Number 59-3298333
Applied For
Not Applicable

Zip 32211 Country FLA
Zip 32211 Country FLA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAUGHN, CHARLES H
6704 LOTUS RD S
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Charles H. Vaughn
Signature, typed or printed name of registered agent and title if applicable.

1/03/01
DATE

(NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	D			<input checked="" type="checkbox"/>
	VAUGHN, CHARLES H	PM.		
		2008 DAHAMON ST		
		JACKSONVILLE FL		
	VAUGHN, Charles H.			<input type="checkbox"/>
		6704 Lotus Rd. S.		
		JACKSONVILLE FL 32211		
	VAUGHN Judith L.			<input type="checkbox"/>
		6704 Lotus Rd. S.		
		JACKSONVILLE 32211		
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03/01

Date

Daytime Phone #

904-743-3154

CR2E034 (10/00)