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Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000031352 (4)

1. Corporation Name

JERRY'S AUTO TRANSPORT, INC.

Principal Place of Business

ROUTE 1, BOX 17
ZOLFO SPRINGS FL 33890

Mailing Address

ROUTE 1, BOX 17
ZOLFO SPRINGS FL 33890-9731

3. Date Incorporated or Qualified
04/17/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 809 State Road 66

Suite, Apt. #, etc.

22 City & State
23 Zolfo Springs, FL

24 33890-1542 25 USA

2a. Mailing Address

26 P.O. Box 1542

Suite, Apt. #, etc.

27 City & State
28 Zolfo Springs FL

29 33890-1542 30 USA

4. FEI Number

65-0572009

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

Yes No

9. Name and Address of Current Registered Agent

PROCTOR, GERALD F
ROUTE 1, BOX 17
ZOLFO SPRINGS FL 33890

Address
change
only

10. Name and Address of New Registered Agent

81 Name

Gerald F Proctor

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

809 State Road 66

83

84 City

Zolfo Springs

FL

85 Zip Code

33890-1542

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME PROCTOR, REBECCA L
STREET ADDRESS RT 1 BOX 17
CITY-ST-ZIP ZOLFO SPRINGS FL 33890

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
809 State Road 66
Zolfo Springs FL 33890-1542

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Rebecca Proctor REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-97 735-1301
Date Daytime Phone #

CR2E034 (9/96)