

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000047329 (4)

1. Corporation Name

JUST TRUCKS INC.



Principal Place of Business

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

Mailing Address

7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGGIN, LUTHER
7400 BAYMEADOWS WAY
SUITE 200
JACKSONVILLE FL 32256

81 Name

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

83

84 City

FL

85 Zip Code

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 of person performing the filing (agent or filer)

Signature of Registered Agent (signature required on filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

COGGIN, LUTHER

STREET ADDRESS

7400 BAYMEADOWS WAY, #200
JACKSONVILLE FL 32256

CITY-ST-ZIP

TITLE

VSD

☐ DELETE

NAME

NOBLE, NANCY D

STREET ADDRESS

7400 BAYMEADOWS WAY, #200
JACKSONVILLE FL 32256

CITY-ST-ZIP

TITLE

VSD

☐ DELETE

NAME

GALLAGHER, WILMA S

STREET ADDRESS

7400 BAYMEADOWS WAY, #200
JACKSONVILLE FL 32256

CITY-ST-ZIP

TITLE

VD

☐ DELETE

NAME

TOMM, CHARLIE (C.B.)

STREET ADDRESS

7400 BAYMEADOWS WAY, #200
JACKSONVILLE FL 32256

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PDC

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

VD

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

S

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

WILMA S. GALLAGHER Sec
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-96

Date

Daytime Phone #

904-730-2464

CP2E034 (12/95)