FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000047329 (4)

JUST TRUCKS INC.

door mono mo.

Principal Place of Business

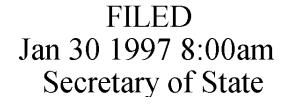
7400 BAYMEADOWS WAY SUITE 200

JACKSONVILLE FL 32256

Mailing Address

7400 BAYMEADOWS WAY SUITE 200

JACKSONVILLE FL 32258-6842





:							ſ	3. Date Incorporated or Qualified		of Last Report	
								06/16/1995	02/0	1/1996	
2. Principal Place of Business				28. Mailing Address 26. P. O. Box 1646 9				4. FEI Number		Applied For	
		Oaks Cous			^{o}X f	6469		59-3323276		Not Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State			ı	City & State			~. T	6. Election Campaign Financing		\$5.00 May Be	
23 JACK	302011/4	28	\$			4	Trust Fund Contribution		Added to Fees		
Zip 🧸	Country			Zip Country			ļ	8. This corporation has liability for intangible tax under s. 199.032,			
24 322						·		Florida Statutes Yes LINO			
	~~~~	d Address of Curi	rent Register	red Agent				10. Name and Address of New Re	gistered Age	ent	
COGGIN, LUTHER 7400 BAYMEADOWS WAY SUITE 200 JACKSONVILLE FL 32256						81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  4306 Pablo Oaks Coar +  83  84 City Jackson Ville FL 85 Zip Code 32224					
						$ J  = J_{i}$	ack	SONVILLE	FL I	32220	
office or re agent. Lar	egistered agent	, or both, in the Sta	ate of Florida	.1508, Florida Stat Such change was Section 607.0505, I	s authorize	bove-named d by the corp	d corpora	ation submits this statement for the p i's board of directors. I hereby accep	urpose of ch at the appoint	anging its registered tment as registered	
SIGNATURE .	Etycature typectorip	a to discover of migistered	agent and title La	ipplicable (N	OTE: Registere	d Agent signature	re required	when reinstating)	DATE		
12.		OFFICERS /	AND DIRECT	ORS	13.			ADDITIONS/CHANGES TO OFFIC			
T(T.E	PDC			DELETE	117	ITLE				Change Addition	
NAME	COGGIN, L	LUTHER			1.2 N	IAME			_	•	
STREET ADDRESS	7400 BAYMEADOWS WAY, #200					13 STREET ADDRESS 44		06 Pablo baks	Coury	F	
CHY-S1-ZIP	IACKEONNAILE EI					14 CITY-ST-ZIP		CKSONVILLE FL	322	34	
THE	VD			DELETE	211		100	CR -CND III I		Change Addition	
NAME	NOBLE, N	ANCY D		*		IAME	1			-	
STREET ADDRESS	TARR DAVISTADOMO MAY ARRO					STREET ADDRESS	16	so Pablo oaks	Cour-	<i>f</i>	
'	IACKOCARSI I E EI					2 4 CITY-ST-ZIP		eredulla El	<b>4</b> ~ ~ /	~1	
CITY - S1 - 7IP	S	DELETE	3 1 TITLE		l na	eksonville FL	<u> </u>	Change Addition			
l " i	•	ER, WILMA S									
NAME		,	#000			IAME	1.7.	306 Pablo Daks	Coar	·	
STREET ADORESS		MEADOWS WAY	, #200			STREET ADDRESS	43			-/	
CITY - ST - 7IP	JACKSOM	VILLE PL		T serete		CITY-ST-ZIP	V c	OCKSONVILLE FL	322	24	
THTLE	VD	HD (F (0.5)		☐ DETELE	411				L	- Change Addition	
NAME:		HARLIE (C.B.)				NAME	١.,	- 1 Dable 12K	<i>a</i>	,	
STREET ADDRESS		MEADOWS WAY	<b>, #2</b> 00		4.3 9	STREET ADORESS	4	306 Papio Dans	Cour	r+	
C+TY+ST+ZIP	JACKSON	VILLE FL 32256			4.4 (	CITY-ST-ZIP	Je	306 Pablo baks acksodville Fl	<u>. 30 :</u>	rod	
TITLE				DELETE.	5.17	ITLE				Charge Addition	
NAMÉ					5.21	IAME					
STREET ADDRESS					5.3 \$	STREET ADDRESS					
C TY+ST-ZIP					5.4 (	CITY-ST-ZIP					
TOTALE				DELETE	6.11					Change Addition	
NAME					6.21	NAME					
STREET ADDRESS						STREET ADORESS					
CITY-ST-ZIP					1	CITY-ST-ZIP					
	ov certily that the	e information subt	lied with this	filing does not au			stated in	Section 119.07(3)(i), Florida Statute	s. I further or	artify that the	
informatio Larn an ol	n indicated on t flicer or director	this annual report of the corporation	or supplement or the receiver	ital annual report is	s true and owered to	accurate and	od that m	y signature shall have the same lega is required by Chapter 607, Florida S	d effect as if i	made under oath; that	