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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000057927 (2)

1. Corporation Name
J & E TRANSPORT. INC.

J & E TRANSPORT, INC.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	
Principal Place of Business	Maling Address	
4002 SMITH RYALS ROAD #5 PLANT CITY FL 33567	4002 SMITH RYALS ROAD #5 PLANT CITY FL 33567	Deliver 12 Date of Last Remov

						3. Date Incorporated or Qualified 3a. Date of Last Report	
						07/17/1995 4. FEI Number Applied FC	
. Principal Placi	e of Business	2a. Mailing Address				59-3328122 Not Applie	
]		26				\$8.75 Addition	
Suite, Apt. #,	etc.	Suite, Apt. #, ct	С			Certificate of Status Desired Fee Required	
		City & State				6. Election Campaign Financing \$5.00 May B	3e
City & State		28				Trust Fund Contribution Added to Fees	
	Country	7ip	Coul	ntry		8. This corporation has liability for intang-ble tax under s 199.032	,
Zip Country 29 29		1	30	30		Florida Statutes Yes No	
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
LEWIS, D	IANE L			82	Street Add	ldress (P.O. Box Number is Not Acceptable)	
4002 SMI	TH RYALS ROAD #5			00			
	TY FL 33567			83			
, 5 att, 9	··· · = +			84	City	FL 85 Zip Code	
				<u>L.</u> l		oration submits this statement for the purpose of changing its registered out of directors. Thereby accept the appointment as registered agent. I	d offic
familiar with	id agent, or both, in the state of his in, and accept the obligations of, Sc	30,000,000,000	(NATE Begintere			TOUTE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
2.	OFFICERS A	AND DIRECTORS	13.		r_		ddition
ITLE	D	☐ DELFT	E 11	ItliE	ļ	P/D Linange A.3 A.	
AME	LEWIS, JOHN R			AME	i i		
TREET ADDRESS	4002 SMITH RYALS ROAD	# 5	1		ADDRESS		
CITY-ST-ZIP	PLANT CITY FL 33567			HY-S		Change X A	adilion
ITLE	<u></u>	☐ DELE		THE		VP/S/T DIANE L. LEWIS	
NAME				NAME			
STREET ADDRESS			I		ACIUMESS T 20	4002 SMITH RYALS RD #5 PLANT CITY FL 33567	
CITY-ST-ZIP		DELE		CITY - S TiTLE	21 (Ar)	Change A	Add-tion
TITLE		الما الماداد		NAME			
LAME					LADDRESS		
STREET ADDRESS					ST- 21P		
CITY - ST - ZIP		DELF		Tille		Change D	Addition
TITLE				NAME	ĺ		
NAME			E		LADDRESS		
STREET ADDRESS					ST ZIP		1411.
CITY - S1 - ZIP		DELI	DELETE 5			Change D	Additio
TATLE		-	52	NAME			
NAME CAREET ADDRESS			53	STPE	T ACORESS		
STREET ADDRESS			5	CILY	S1-20°		Additio
CHTY-ST-ZIP		□ DEL				Change	AUGILIO
TITLE			6	2 NAMi	.		
NAME			6	3 S F R F	ET ADDRESS		
STREET ADDRESS					i	alify for the exemption stated in Section 119.07(3)(k). Florida Statutes. If courale and that my signature shall have the same legal effect as if made	further

4. 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(a)(k). Florida Statutes I furner 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 or an attachment with an address.

SIGNATURE:

SITUATION AND THE OR PHINTED WAME OF SIGNING OFFICER OR DIRECTOR

3/19/96 (813) 737-1946

CR2E034 (12/95)