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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000079854 (2) JA-TAN TRUCKING, INC.

## **FILED** Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							ht draug olfer am ol
310 CYPRESS AVENUE 310 CYPRESS AVENUE PAHOKEE FL 33476 PAHOKEE FL 33476						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified	
						10/13/1995	
2. Principal Place of Business 2a. Mailing Address			35			4. FEI Number	Applied For
21   26			to.			65-0611853	Not Applicable
22 27			ic.			I & Certificate of Status Decired I I ' -	5 Additional Required
City & State City & State				· · · · · · · · · · · · · · · · · · ·		- <del></del>	<b>00</b> May Be
28							led to Fees
Zip				Country		8. This corporation owes or has paid the current year Intangible	
24				Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		LI No	
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent	
HEFFERNAN, RICHARD L CPA				81			
2911 E. MAIN STREET PAHOKEE FL 33476				82	Street Äddre	ess (P.O. Box Number is Not Acceptable)	
[ [	IONEC LE 00410			83	<del> </del>		
				84	City	B5 2	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							
				d Age	ent signature require	ed when reinstating) DATE	TODO IN 10
12.	D OFFICERS	DELE DELE	13. TE 1.1 Tr	TI F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
NAME	JOHNSON, LEON	عاءه حا	1.2 N/			onan	go 🗀 radii.o.i
STREET ADDRESS				1.3 STREET ADDRESS			l.
CITY-ST-ZIP	SALIGHES EL ANTIN			1.4 CITY-ST-ZIP			
TITLE	DELETE					Chan	ge Addition
NAME			2.2 N/	2.2 NAME			)
STREET ADDRESS			2.3 STREET ADDRE		ADDRESS		ł
CITY-ST-ZIP				<u> 177 - 5</u>	ST-ZIP		
TITLE		☐ DELE	TE 3.1 TI	TLE		Chan	ge 🔲 Addition
NAME			3.2 N/				-
STREET ADDRESS					ADDRESS		{
CITY-ST-ZIP		DELE			ST-ZIP	☐ Chan	ge Addition
TITLE NAME		عاداد ليا	4.1 II			L. Cridii	An Dyongon
STREET ADDRESS					ADDRESS		
1			4.4 CI				
TITLE		DELE			1-211	☐ Chan	pe Addition
NAME		<u> </u>	5.2 NA				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP			5.4 Ci	TY-\$	7-ZIP		
TITLE		☐ DELE				Chan	ge Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET	ADDRESS	·	)
CITY-ST-ZIP			6.4 Ci	ry-S	T-ZIP		

14. 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 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.