## 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 # **P95000082779** (6)

J-LIN TRUCKING, INC.

Principal Place of Business	Mailing Address		
230 LEITHA WAY LAKELAND FL 33809	230 LEITHA WAY LAKELAND FL 33809-5284		
2. Principal Place of Business	2a. Mailing Address		

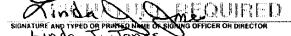
**FILED** Apr 10 1997 8:00am Secretary of State



EMILES IND TE						
						3. Date Incorporated or Qualified 11/01/1995 3a. Date of Last Report 04/29/1996
	Place of Business	2a. Mailing Addr	ess			4. FEI Number Applied For
21		26				<b>59-3339821</b> Not Applicable
Suite. Ap	t. #, etc	Suite, Apt. #,	, etc.			5. Certificate of Status Desired S8.75 Additional
22		27			·	Fee Hequired
City & Sta	ale	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip TT1	Country	Zip	<b>⊢</b> ¬	ountry	,	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes
24	25 9. Name and Address of Cure	29 29 Annt	30			Florida Statutes Yes No  10. Name and Address of New Registered Agent
LAT:		ent negistered Agent		81	Name	
	ZIO, ARMANDO F 400 U.S. 19 NORTH SUITE 210				74021710	
				82	Street .	et Address (P.O. Box Number is Not Acceptable)
UL	EARWATER FL 34623			83		· · · · · · · · · · · · · · · · · · ·
				03		
				84	City	85 Zip Code
					L	FL 7
office or	it to the provisions of Sections 607.0 rireg stered agent, or both, in the Sta am fan: liar with, and accept the ob	ite of Florida. Such char	nge was authoriz	ed by	the corp	ed corporation submits this statement for the purpose of changing its registered proporation's board of directors. I hereby accept the appointment as registered
SIGNATURE						
	Shipperaire, typed or printed name of registe od				nt signature	ure required when reinstating) DATE
12.		ND DIRECTORS	13	<del></del>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11†LE	D D	DI		TITLE		Change Addition
NAME	JONES, LINDA J			NAME		
STREET ADORESS			1.3	STREET	ADDRESS	5
CHTY-ST-ZIP	LAKELAND FL 33809			CITY - S	T-ZIP	Management of the second of th
TITLE	0	L)		TITLE		Change Addition
NAME	JONES, JAMES H		22	NAME		
STREET ADDRESS			2.3	STREET	ADDRESS	S
CITY - \$1 - ZIP	LAKELAND FL 33809			CITY-	ST-ZIP	
TITLE		D	ELETE 3.1	TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS	5		3.3	STREET	ADDRESS	S
CITY-S1-ZIP				CITY-	ST-ZIP	
TIFLE		DI 🗀	ELETE 4.1	TITLE		Change Addition
NAME			4. 2	NAME		
STREET ADORESS	s   ·		4.3	STREET	ADDRESS	s [
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE	1	D	ELETE 5.1	TITLE		Change Addition
NAME			5.2	NAME		
STREET ADORESS	s l		5.3	STREET	ADDRESS	s
CITY-ST-Z0°			5.4	CITY-S	ST - <b>Z</b> (P	
1:11.6		□ D		TITLE		Change Addition
NAME.			6.2	NAME		
STREET ADDRESS	s		63	STREFT	ADDRESS	s
20.10.1.10.00.00.00.00			I 0.5	J		` <b>[</b>

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:



941858-0899