

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

96 AUG 30 AM 9:41

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000086825 (3)

1. Corporation Name
VCS TRUCKING OF JAX, INC.

Principal Place of Business: **3717 OLD KINGS ROAD JACKSONVILLE FL 32254**
Mailing Address: **3717 OLD KINGS ROAD JACKSONVILLE FL 32254**

3. Date Incorporated or Qualified: **11/13/1995**
3a. Date of Last Report

2. Principal Place of Business

21. Suite, Apt #, etc

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt #, etc

27. City & State

28. Zip

29. Country

4. FEI Number: **59-3312685**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COONER, TROY
3717 OLD KINGS ROAD
JACKSONVILLE FL 32254**

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 _____ (NOTE: Registered Agent signature required when applicable) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VD** DELETE
NAME: **COONER, TROY**
STREET ADDRESS: **3717 OLD KINGS ROAD**
CITY-ST-ZIP: **JACKSONVILLE FL 32254**

1.1 TITLE: Change Addition
1.2 NAME: **Nolan, Heather**
1.3 STREET ADDRESS: **3717 Old Kings Road**
1.4 CITY-ST-ZIP: **JACKSONVILLE, FL 32254**

TITLE: **P** DELETE
NAME: **NEWCOMER, SHEILA**
STREET ADDRESS: **3269 N LANE AVENUE**
CITY-ST-ZIP: **JACKSONVILLE FL 32205**

2.1 TITLE: Change Addition
2.2 NAME: **Harpe, Dallas**
2.3 STREET ADDRESS: **1203 Lana Road**
2.4 CITY-ST-ZIP: **Yulee, FL 32097**

TITLE: **S** DELETE
NAME: **JOHNSON, VIRGINIA**
STREET ADDRESS: **8902 PLUMMER ROAD**
CITY-ST-ZIP: **JACKSONVILLE FL 32219**

3.1 TITLE: Change Addition
3.2 NAME: **400001936844**
3.3 STREET ADDRESS: **-08/30/96--01060--004**
3.4 CITY-ST-ZIP: *****375.00 ***375.00**

TITLE: **T** DELETE
NAME: **NEWCOMER, ROBBIE**
STREET ADDRESS: **3269 N LANE AVENUE**
CITY-ST-ZIP: **JACKSONVILLE FL 32205**

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

8/30

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Heather Nolan, Heather Nolan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-21-96 (904)353-9735
DATE AND TELEPHONE NUMBER

CR2E034 (3/96)