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May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000047977 (9)

1. Corporation Name

JACK BIGELOW TRUCKING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2689 70TH STREET S.W.  
NAPLES FL 33999

2689 70TH STREET S.W.  
NAPLES FL 33999

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34105

29 34105

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIGELOW, JACK  
2689 70TH STREET S.W.  
NAPLES FL 33999

81 Name

Bigelow, Barbara L.

82 Street Address (P.O. Box Number is Not Acceptable)

2689 70th St SW

83

84 City

Naples

FL

85 Zip Code

34105

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 Barbara L. Bigelow

Barbara L. Bigelow, P.D. 4-21-98

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BIGELOW, BARBARA L.  
STREET ADDRESS 2689 70TH STREET S.W.  
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE D  
1.2 NAME Perry Bigelow  
1.3 STREET ADDRESS 2689 70th St SW  
1.4 CITY-ST-ZIP Naples FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE D  
2.2 NAME Michael Bigelow  
2.3 STREET ADDRESS 2689 70th St SW  
2.4 CITY-ST-ZIP Naples, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE PD  
3.2 NAME Barbara Bigelow  
3.3 STREET ADDRESS 2689 70th St SW  
3.4 CITY-ST-ZIP Naples, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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.

Barbara L. Bigelow

4-21-98 783-9915

CR2E034 (10/97)