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 # P96000077157 (1)

JDL TRANSPORT, INC.

Principal Place of Business

Mailing Address

FILED May 06 1997 8:00am Secretary of State



550 BALMORA Suite 204		P.O. BOX 29035 JACKSONVILLE FL 32226-80	35				
JACKSONMILLE FL 32218					3. Date incorporated or Qualified 09/17/1996	3a. Date of Last Report	
2. Principal Pi	ace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21 352		- 283523 tor	Hur	a Dr	- 5 9-3399598	}	Not Applicable
Suite, Apt		Suite, Apt. #, etc.	1,4-1		5. Certificate of Status Desired	\$8.7	75 Additional e Required
23 Ora	nge Park, FI	City & State 28 Orange P	ark	F	Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees
₂₄ 当よc	25 Country		Country	/ '		Yes No	ier s . 199.032,
	9. Name and Address of Curr	ent Registered Agent		,	10. Name and Address of New Reg	gistered Agent	·
	BSON, DANIEL L		81	Name			
3523 FORTUNA DRIVE Orange Park FL 32065				82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City	A CONTRACTOR OF THE CONTRACTOR	FL 85	Zip Code
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Sta in familiar with, and accept the obl	te of Florida. Such change was au	thorized b	v the corpora	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose of changi It the appointmen	ng its registered it as registered
SIGNATURE							
	large atrace typica or printed name of registered a			ent signature requ	uired when reinstating)	DATE	7000 11140
12.		ND DIRECTORS DELETE	13.	74	ADDITIONS/CHANGES TO OFFIC	Cha	
1:1-6	Kerin Dobson Secretary/Tre	Sucer Modelle	1.3 TITLE	ب	ynthia Dobson		ilge Mi vooitoii
HAM			1.2 NAME	5	ecretary / Treasi	rei	
	542Broward			جمرا	533 Fortuna DE		
1	Jax, Fl. 3221		1.4 CITY-	ST-ZIP	range Park, Fl.	32068	THE ALERTA
TIBLE	•	☐ DELETE	2.1 TITLE		_	☐ Cha	nge [] Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADORESS			
City+S1-74P			2.4 CITY	ST-ZIP			
THE		☐ DELETE	3.1 TITLE			L Cha	nge L Addition
NAM;			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
C(TY+ST-ZIP			3.4. CITY-	ST-ZIP			
THE		☐ DELETE	4.1 TITLE			∐ Cha	inge L Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	T ADDRESS			
C:1Y - S1 - ZiP			4.4 CITY-	ST-ZIP			
HILE		DELETE	5.1 TITLE			☐ Cha	inge 🔲 Addilion
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	I ADDRESS			
CHY ST AP			5.4 CITY-	ST-ZIP			
TUTLE		☐ DELETE	6.1 TITLE			Cha	inge 🔲 Addition
NAME			6.2 NAME				
STREET ADDISESS			B .	T ADDRESS			
CITY - ST - ZIP			6.4 CITY-	1			
	by certify that the information supp	lied with this filing does not qualify			ed in Section 119.07(3)(i), Florida Statute	s. I further certify	that the

information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arm 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:

WHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BLACK DAYSON 4/30/97 904-372-124