

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90200 038 ***158.75

DOCUMENT # P96000086535

1. Corporation Name

JAMES VARNES TRUCKING INC.

Principal Place of Business

302 CORAL FARMS ROAD
FLORAHOME FL 32140-0126

Mailing Address

PO BOX 126
302 CORAL FARMS ROAD
FLORAHOME FL 32140-0126

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32140-0126

30

American

3. Date Incorporated or Qualified

10/21/1996

4. FEI Number

59-3090345

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

VARNES, JAMES L
302 CORAL FARMS ROAD
FLORAHOME FL 32140

10. Name and Address of New Registered Agent

81

Name

James L Varnes

82

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

1000 Hwy 315 N

83

84

City

Grandin

FL

85 Zip Code

32138-0093

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-99

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME VARNES, JAMES L
STREET ADDRESS 302 CORAL FARMS ROAD
CITY-ST-ZIP FLORAHOME FL 32140

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE address correction ☐ Change ☒ Addition

1.2 NAME James L. Varnes - Pres-owner
1.3 STREET ADDRESS 1000 Hwy 315 N
1.4 CITY-ST-ZIP Grandin FL 32138-0093

2.1 TITLE Sec - Treas. ☐ Change ☒ Addition

2.2 NAME Josette R. Varnes
2.3 STREET ADDRESS 1000 Hwy 315 N
2.4 CITY-ST-ZIP Grandin FL 32138-0093

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-99

Date

904-659-2493

Daytime Phone #

904-659-2220

CR2E034 (11/98)