2008 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # P97000006790 1. Entity Name 04-22-2008 90021 027 ***150 00 J & M TRUCKING SERVICES, INC. Principal Place of Business Mailing Address P.O. BOX 901 225 CANAL AVENUE OAK HILL FL 32759 OAK HILL FL 32759 2. Principal Place of Business - No P.O. Box # / 35 ひとしらりへん カス 3. Mailing Address BELESPINE DR Suite, Apl. #, etc. Sate, Apt. #, etc. 1st MOORE CR2E034 (10/07) D City & State City_& State 4. FEI Number Applied For DEBARY 59-3420978 Not Applicable Zip Country Zip Country \$8.75 Additional 32713 5. Certificate of Status Desired VOLUSIA 32713 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M. MOORE MALCOLM, MELISSA 225 CORAL AVENUE OAK HILL FL 32759 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered egar SIGNATURE Consulter, typed or prefed harve of regulating insert and site. I amplicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. HARRY W. MOORE PTD0 TITLE **D**elete ☐ Addition NAME MALCOLM, JOHN K NAME 135 DELESPINEDR STREET ADDRESS 225 CANAL AVENUE STREET ADDRESS DEBARY, FL 32713 OAK HILL FL 32759 CITY-ST-ZIP CITY-ST-7IP TITLE Delete ПΠЕ 🔀 Change Addition MALCOLM, JOHN K MALCOLM, MELISSA S NAME NAME STREET ADDRESS 225 CANAL AVENUE STREET ADDRESS 2)5 CANAI AVE OAK 4.11.FL 72759 OITY-ST-ZIP OAK HILL FL 32759 CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT: F ☐ Defete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED