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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029131 (4)

TRUCK STOP OF JACKSONVILLE, INC.

FILED Mar 31 1998 8:00am Secretary of State



					I HORHIDDI FRO HONIT HODIF ODIFH DOMH ODHH ODHU NIDID TUHF NIDIG FHUR HIDI FOOT	
Principal Plac	e of Business	Mailing Address				
7840 ATLANTIC BLVD. JACKSONVILLE FL 32211		7840 ATLANTIC BLVD. JACKSONVILLE FL 32211			DO NOT WRITE IN THIS SPACE	
					3, Date Incorporated or Qualified	
					03/28/1997	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3291443 Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			S8.75 Additional	
22		27			5. Certificate of Status Desired Fee Required	
City & State		City & State			6, Election Campaign Financing \$5.00 May Be	
23		26			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Zip	⊢ ¬	intry	This corporation owes or has paid the current year Intangible	
24	25	29	30	, , , , , , , , , , , , , , , , , , , 	Personal Property Tax due June 30. YES No	
	9. Name and Address of Current	l Registered Agent		84	10. Name and Address of New Registered Agent	
	WE, THOMAS K			81 Name		
	40 ATLANTIC BLVD.			82 Street	Address (P.O. Box Number is Not Acceptable)	
JAC	CKSONVILLE FL 32211					
				83		
				84 City	FL 85 Zip Code	
44 Pursuant	to the provisions of Sections 607.0503	2 and 607 1508. Florida State	the alt	nove-named	corporation submits this statement for the purpose of changing its registered	
office or r	registered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized	d by the cor	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed more of registered ager	Alcoholista de la continuada	15 Qualstan	d Accel a continu	e required when reinstating) DATE	
12.	OFFICERS AND	- 	13.	2 Ağem şığı idilini	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1,1 10	TLE	Change Addition	
NAME	ROWE, THOMAS K		1,2 NA	AME		
STREET ADDRESS	2727 AUSTINE ROSE LANE		1.3 ST	REET ADDRESS	[8	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CI	TY-ST-ZIP	ļ j	
TITLE	D	DELETE	2.1 TII		Change Addition	
NAME	ROWE, DONNA		2.2 N/	AME		
STREET ADDRESS	2727 AUSTINE ROSE LANE		23 ST	reet address		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.40	ITY-ST-ZIP		
TITLE		DELETE	3.1 Til	TLE	Change Addition	
NAME			3.2 NA	ME		
STREET ADDRESS			3.3 ST	reet address	1	
CITY-ST-ZIP			3.4. C	ity-st-zip		
TITLE		DELETE	4.1 [1]	TLE	☐ Change ☐ Addition	
NAME			4. 2 N	AME		
STREET ADDRESS			4.3 ST	REET ADDRESS		
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP		
TITLE		DELETE	5.1 Til	TLE	☐ Change ☐ Addition	
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 ST	REET ADDRESS		
CITY-ST-ZIP			5.4 CF	TY-ST-ZIP		
TITLE		☐ DELETE	6.1 TiT	LE	☐ Change ☐ Addition	
NAME			6.2 NA	IME		
STREET ADDRESS			6.3 ST	reet address		
CITY-ST-ZIP				TY - ST - ZIP		
44 borobine	easifus that the information grownlind wit	the thin titing doop not qualify:	for the eve	motion state	od in Section 110.07(2)(i) Florida Statutes, I further partity 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 of 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 or an attachment with an address.