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 # 1. Corporation Name

P97000030024 (8)

J&M FREIGHT INC.

FILED Jan 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I ISBNIADS HA IBIN NEST BEIN BEIN BERN BOLD WINS BEST GAST GAST CONTRACTORS		
40234 TOWNS DADE CITY FL			40234 TOWNSEND RD DADE CITY FL 33525			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
						04/02/1997	_	
-	lace of Business	<u> </u>	2a. Mailing Address			4, FEI Number Applied For	_	
21	# ata	26 Suito A	Suite, Apt. #, etc.			31-1529773 Not Applicable	10	
Suite, Apt.	#, BIC.	<u> </u>	27			5. Certificate of Status Desired Fee Required		
City & State	9		City & State			6. Election Campaign Financing \$5.00 May Be	ᅱ	
23		28	26			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Zip Cou			8. This corporation owes or has paid the current year Intangible	Zl	
24	25	29	30			Personal Property Tax due June 30. Yes No N	H	
	g, Name and Address of Cu	irrent Registered Ag	ent	81	Name	10. Name and Address of New Registered Agent	{	
	LEY, JACK JR				Наше	110		
	32 SUN RD				Street	et Address (P.O. Box Number is Not Acceptable)		
DAL	DE CITY FL 33525			83			ᅱ	
							_	
				84	City	FL 85 Zip Code		
11. Pursuant	to the provisions of Sections 607	0502 and 607.1508,	Florida Statutes,	the above	-named	ned corporation submits this statement for the purpose of changing its registered	a	
agent. Le	egistered agent, or both, in the c m familiar with, and accept the c	obligations of Section	607.0505, Florid	a Statutes	ne corp i.	corporation's board of directors. I hereby accept the appointment as registered	- [
SIGNATURE					 		_ [
	Signature typed or printed name of registers		(NOTE: Re	gistered Age	nt signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ᅥ	
12.			1.1 HILE		P Change Addition	on I		
NAME					JACK BAILEY . JR.			
STREET ADDRESS			1.3 \$		ADDRESS			
CITY-ST-ZIP				1.4 CITY - S	T- Z IP	DADE CITY, FL 33525		
TITLE	DELETE		2.1 TITLE		Change Additio)n		
NAME			2.2 NAME					
STREET ADDRESS				2.3 STREET		SS		
CITY-ST-ZIP			DELETE	2. 4 CITY - S	T - ZIP	Change Additio		
TITLE		L	- DUTCIE	3.1 TITLE 3.2 NAME		C. Orienge C. Adonio	"	
NAME STREET ADORESS				3.3 STREET	ADDRESS	ss		
CITY-ST-ZIP				3.4. CITY - S				
TITLE			DELETE	4.1 TITLE		☐ Change ☐ Additio	ī	
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS	ss		
CITY-ST-ZIP				4.4 CITY - S	T - ZIP		_	
TITLE			5.1 T(TL€		☐ Change ☐ Additio	n		
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET		SS		
CITY-ST-ZIP			DELETE	5.4 CITY - S 6.1 TITLE	T-ZIP	Change Additio		
TITLE		ι	י מרירונ			Change Admin	"	
NAME STREET ANDRESS				6.2 NAME 6.3 STREET	4UUBECC	22		
STREET ADDRESS	7			6.4 CITY - S			-	
CITY-ST-ZIP			114 (14	0.4 0111-5	1 - 205	1 11 0 12 440 00000 Ft 11 01 10 14 15 15 15 16 17 17 17	-	

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 type 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 comporation or the receiver or trulities empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, of the manachment with an address.