

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # P99000073868

1. Entity Name

JIM MEARS TRUCKING, INC.

Principal Place of Business

36258 WAGON TRAIN WAY

HILLIARD FL 32046

Mailing Address

36258 WAGON TRAIN WAY

HILLIARD FL 32046

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3579947

Applied For

Not Applicable

5. Certificate of Status Desired

1st MOORE

CR2E034 (10/07)

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEARS, JAMES A

36258 WAGON TRAIN WAY

HILLIARD FL 32046

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when removing agent)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP

MEARS, CHARLOTTE

36258 WAGON TRAIL WAY

HILLIARD FL 32046

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

04/03/08-80002-003 158.75

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.

SIGNATURE

Charlotte Mears

CHARLOTTE MEARS

3/13/08 (904) 845-4815