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

FILED Feb 13 1998 8:00am Secretary of State

	MENT # S5914 JENKINS TRUCKING, INC.	7 (6)			118H 818H 818H 818H 818H 88H
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·	- I THEOLOGIA ON BILIYA TOTOL KIRAK DIRUK ODU QIQUK	DIQIA BIB'II BIBII BIBII DIQIA IBBI
7150 20 ST SUITE B VERO BCH FL 32966 US		1225 45TH CT SW VERO BCH FL 32968-2447 US		DO NOT WRITE IN TH	IS SPACE
03				3. Date Incorporated or Qualified 06/10/1991	
├ ── '	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, etc.	Suite, Apt #, etc.		65-0265830	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	ed Agent
MARINE, CHRISTOPHER H.			81 Name		
979 BEACHLAND BLVD. VERO BEACH FL 32963			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	, , , , , , , , , , , , , , , , , , ,	85 Zip Code
SIGNATURE	Bigrature, typict or printed raine of registered age	a and title if application (NOTE	Registered Agent signature req		
12.	OFFICERS AND	DELETE	13. 11 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	JENKINS, BRIAN		1.2 NAME		Change D Addition
STREET ADDRESS	6075 S.W. 21ST STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	1	☐ DELETE	2.1 TITLE	70 9 40 - 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Change Addition
NAME	JENKINS, MICHELE		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	6075 S.W. 21ST STREET VERO BEACH FL		2.3 STREET ADDRESS		
THTLE	TENO DENOTITE	DELETE	2.4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME Street address			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Dritte	5 4 CITY - ST - ZIP		T 05
TITLE		☐ DELFTE	61 TITLE		☐ Change ☐ Addition

14. Thereby 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 antiqual 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 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

62 NAME 63 STREET ADDRESS

SIGNATURE:

1/9/98 (56)562-1520 Michele Jenkins