

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S89222 (1)

1. Corporation Name

JAM TRUCKING CORPORATION



Principal Place of Business

Mailing Address

P.O. BOX 010300
ORLANDO FL 32801-0300

P.O. BOX 010300
ORLANDO FL 32801-0300

3. Date Incorporated or Qualified
10/23/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 8340 American Way

Suite, Apt. #, etc.

22

City & State

23 Groveland, FL

Zip

24 34736

Country

25 USA

2a. Mailing Address

26 P.O. Box 625

Suite, Apt. #, etc.

27

City & State

28 Groveland, FL

Zip

29 34736

Country

30 USA

4. FEI Number

59-3091041

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FULMER CARROLL ANTHONY
5305 L.B. MCLEOD ROAD
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

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

14726 GORD NECK DR.

83

84 City

MONTEVERDE

FL

85 Zip Code

34756

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME FULMER, CARROLL ANTHONY

STREET ADDRESS 5305 L.B. MCLEOD RD.

CITY-ST-ZIP ORLANDO-FL

TITLE VP ☐ DELETE

NAME TURNER, CYNTHIA F.

STREET ADDRESS 5305 L.B. MCLEOD RD.

CITY-ST-ZIP ORLANDO-FL

TITLE ST ☐ DELETE

NAME FULMER, PHILIP R.

STREET ADDRESS 5305 L.B. MCLEOD RD.

CITY-ST-ZIP ORLANDO-FL

TITLE P ☐ DELETE

NAME FULMER, TIMOTHY A.

STREET ADDRESS 5305 L.B. MCLEOD RD.

CITY-ST-ZIP ORLANDO-FL

TITLE EVP ☐ DELETE

NAME FULMER, BARBARA B

STREET ADDRESS 5305 L.B. MCLEOD ROAD

CITY-ST-ZIP ORLANDO-FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

14726 GORD NECK DR.
MONTEVERDE, FL 34756

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

157 Hartington Dr.
Madison, AL 35758

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

8000 Cherry Lake Rd.
Groveland, FL 34736

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

9239 WOODBREEZE BLVD
WINDERMERE, FL 32819

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

8971 Charleston Park
Orlando, FL 32819

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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 or 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)