
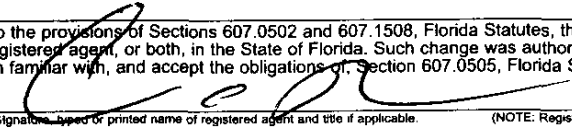


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S89222 (1)					
1. Corporation Name JAM TRUCKING CORPORATION					
Principal Place of Business 8340 American Way Groveland, FL 34736 US			Mailing Address P.O. Box 625 Groveland, FL 34736-5000 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/23/1991	
25		30		4. FEI Number 59-3091041	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent FULMER, CARROLL ANTHONY 14726 Gord Neck Dr Montverde, FL 34756			10. Name and Address of New Registered Agent 81 Name FULMER, CARROLL ANTHONY 82 Street Address (P.O. Box Number is Not Acceptable) 83 8340 American Way 84 City Groveland FL 85 Zip Code 34736		
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.					
X SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 5-6-99					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME FULMER, CARROLL ANTHONY STREET ADDRESS 14726 Gord Neck Dr CITY-ST-ZIP Montverde, FL			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME FULMER, CARROLL ANTHONY 1.3 STREET ADDRESS 8340 American Way 1.4 CITY-ST-ZIP Groveland, FL 34736		
TITLE <input type="checkbox"/> DELETE NAME TURNER, CYNTHIA F. STREET ADDRESS 137 Hartington Dr CITY-ST-ZIP Madison, AL			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME TURNER, CYNTHIA F. 2.3 STREET ADDRESS 12928 Lookingbill Lane 2.4 CITY-ST-ZIP Athens, AL 35611		
TITLE <input type="checkbox"/> DELETE NAME FULMER, PHILIP R. STREET ADDRESS 8000-Cherry Lake Rd CITY-ST-ZIP Groveland, FL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME FULMER, TIMOTHY A. STREET ADDRESS 9239 Woodbreeze Blvd CITY-ST-ZIP Windermere, FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME FULMER, BARBARA B. STREET ADDRESS 8971 Charleston Park CITY-ST-ZIP Orlando, FL			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME FULMER, BARBARA B. 5.3 STREET ADDRESS 11050 Autumn Lane 5.4 CITY-ST-ZIP Clermont, FL 34711		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

X SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)