FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # S97492

1. Entity Name

J.D. Miller + Sons Trucking, Inc.

FILED

11 MAY 17 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10441 Harney Rd	P.O. Box 593
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Thonotosassa, FL	City & State: Thonotosassa, FL
Zip: 33592 Country: USA	Zip: 33592 Country:

4. FEI Number: 593098013 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Julia D. Miller

Street Address (P.O. Box Number is Not Acceptable): 10441 Harney Rd

City: Thonotosassa FL Zip Code: 33592

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

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating)

January 1, - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

E-mail Address: millertrck@aol.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	Julia D. Miller
STREET ADDRESS / CITY-ST-ZIP	P.O. Box 593 Thonotosassa, FL 33592
TITLE	V
NAME	John H. Miller
STREET ADDRESS / CITY-ST-ZIP	P.O. Box 593 Thonotosassa, FL 33592
TITLE	
NAME	
STREET ADDRESS / CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS / CITY-ST-ZIP	
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STREET ADDRESS / CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS / CITY-ST-ZIP	

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05/09/11--01014--007 **150.00

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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____ 5-11-11 813-986-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #