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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 MAR 16 AM 11:14

DOCUMENT # S99947 (1)

1. Corporation Name
JEFF'S TRUCK & EQUIPMENT REPAIR, INC.

Principal Place of Business	Mailing Address
13TH STREET ORANGE BLOSSUM GARDENS RT. 4, BOX 40 INTERLACHEN FL 32148	13TH STREET ORANGE BLOSSUM GARDENS RT. 4, BOX 40 INTERLACHEN FL 32148

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Rt 3 BOX 5164	2a. Mailing Address 26 Rt 3 BOX 5164
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PALATKA FL	City & State 28 PALATKA FL
Zip 24 32177 Country 25	Zip 29 32177 Country 30

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 03/22/1994
4. FEI Number: ~~59-3097582~~ 59-3096582 ☐ 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

PONS, JEFF T., III
RT. 4, BOX 40
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Rt 3 BOX 5164
84 City PALATKA FL 85 Zip Code 32177

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition
NAME	PONS, JEFF T., III	1.2 NAME	
STREET ADDRESS	RT. 4, BOX 40	1.3 STREET ADDRESS	Rt 3 BOX 5164
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	PALATKA FL 32177
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	PONS, JUILA A.	2.2 NAME	
STREET ADDRESS	RT. 4, BOX 40	2.3 STREET ADDRESS	Rt 3 BOX 5164
CITY-ST-ZIP	INTERLACHEN FL	2.4 CITY-ST-ZIP	PALATKA FL 32177
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Julia A Pons JULIA A. PONS 3/10/95 904-325-8890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0404002 FP