

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V00190

(1)

1. Corporation Name

J. ANDERSON TRUCKING, INC.



Principal Office Address

4211 TOM CHAPMAN ROAD
GROVELAND FL 34736

Mailing Address

4211 TOM CHAPMAN ROAD
GROVELAND FL 34736

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ANDERSON, JAMES C.
4211 TOM CHAPMAN ROAD
GROVELAND FL 34736

3. Date Incorporated or Qualified

12/13/1991

3a. Date of Last Report

01/26/1995

4. FLE Number

59-3096862

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607 (04)(c) and 607, 1900, 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05(5), Florida Statutes.

SIGNATURE

(Print or Type Name of Person Signing for the Corporation)

(Print or Type Name of Agent Signing as required when required)

DATE

12. OFFICERS AND DIRECTORS

12 NAME ☐ DELETED

PD
ANDERSON, JAMES C.
4211 TOM CHAPMAN ROAD
GROVELAND FL

12 NAME ☐ DELETED

STD
ANDERSON, SYLVIA M.
4211 TOM CHAPMAN ROAD
GROVELAND FL

12 NAME ☐ DELETED

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13.

13.1 NAME

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY, ST, ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY, ST, ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY, ST, ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY, ST, ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY, ST, ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY, ST, ZIP

13.25 TITLE

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY, ST, ZIP

13.29 TITLE

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY, ST, ZIP

14. I, under penalty of perjury, certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the registered or limited partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13, or on an attachment with an address.

SIGNATURE:

Sylvia M. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Date

352-429-4703
Official Phone #

CR2E034 (12/95)