

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 049 ***150.00

DOCUMENT # V00190

1. Corporation Name

J. ANDERSON TRUCKING, INC.

Principal Place of Business

4211 TOM CHAPMAN ROAD
GROVELAND FL 34736

Mailing Address

4608 PINEBROOK DRIVE
LAKE PARK GA 31636
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1991

4. FEI 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 2155 BAY LAKE LOOP

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 GROVELAND, FL

27

City & State

City & State

23 34736 US

28

Zip

Country

Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JAMES C. ANDERSON

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

2155 BAY LAKE LOOP

83

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME ANDERSON, JAMES C.
STREET ADDRESS 4211 TOM CHAPMAN ROAD
CITY-ST-ZIP GROVELAND FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ANDERSON, JAMES C.
1.3 STREET ADDRESS 2155 BAY LAKE LOOP
1.4 CITY-ST-ZIP GROVELAND, FL.

TITLE STD ☐ DELETE
NAME ANDERSON, SYLVIA M.
STREET ADDRESS 4211 TOM CHAPMAN ROAD
CITY-ST-ZIP GROVELAND FL

2.1 TITLE STD ☒ Change ☐ Addition
2.2 NAME ANDERSON, SYLVIA M.
2.3 STREET ADDRESS 2155 BAY LAKE LOOP
2.4 CITY-ST-ZIP GROVELAND, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE TR ☐ Change ☒ Addition
3.2 NAME JOINER, WENDY M.
3.3 STREET ADDRESS 2155 BAY LAKE LOOP
3.4 CITY-ST-ZIP GROVELAND, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

Sylvia M. Anderson
Signature and Typed or Printed Name of Signing Officer or Director

4/23/99
Date

912-559-1813
Daytime Phone #

CR2E034 (1/198)