

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V52638
1. Corporation Name
Jack Rowland Transport, Inc.

Principal Place of Business
3671 NW 30th Avenue
Okeechobee, FL 34972

Mailing Address
3671 NW 30th Avenue
Okeechobee, FL 34972

3. Date Incorporated or Qualified 7-22-1992	3a. Date of Last Report 5-1-95
4. FE# Number 65-0348285	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	

2. Principal Place of Business 21 194 Collins Dr Suite, Apt. #, etc. 22 City & State 23 Wilkesville, Ky Zip 24 41274 Country 25	2a. Mailing Address 26 P.O. Box 2528 Suite, Apt. #, etc. 27 City & State 28 Okeechobee, FL Zip 29 34973 Country 30
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9. Name and Address of Current Registered Agent
Rowland, Jack
3671 NW 30th Ave
Okeechobee, FL 34972

81 Name Jack Rowland
82 Street Address (P.O. Box Number is Not Acceptable) 1006 SW 9th St.
83
84 City Okeechobee
FL 85 Zip Code 34974

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 then a printed

Signature of Registered Agent (signature required when changing registered

date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	1.1 TITLE D	☒ Change ☐ Addition
NAME Rowland, Jack		1.2 NAME Rowland, Jack	
STREET ADDRESS 3671 NW 30th Ave		1.3 STREET ADDRESS 1006 SW 9th St.	
CITY-ST-ZIP Okeechobee, FL 34972		1.4 CITY-ST-ZIP Okeechobee, FL 34974	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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)(k), 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:

Jack Rowland Jack Rowland

4-29-96

606 297-7210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day-Month-Year

CR2E034 (12/95)