

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004030

Entity Name: J & E TRUCKING SERVICES, INC.**Current Principal Place of Business:**467 SWAN AVE.
HOHENWALD, TN 38462**Current Mailing Address:**P.O. BOX 9
HOHENWALD, TN 38462**FEI Number:** 62-1629291**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERSON, CARL RJR
2145 DELTA BLVD STE#200
TALLAHASSEE, FL 32303 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CP
Name	OLIVER, JAMES E
Address	1286 STEPHENSTOWN RD
City-State-Zip:	LINDEN TN 37096

Title	VCS
Name	OLIVER, EVON L
Address	1286 STEPHENSTOWN RD
City-State-Zip:	LINDEN TN 37096

Title	VP
Name	OLIVER, EMILY G
Address	1411 STEPHENSTOWN RD
City-State-Zip:	LINDEN TN 37096

Title	VP
Name	OLIVER, DANIEL L
Address	1411 STEPHENSTOWN RD.
City-State-Zip:	LINDEN TN 37096

Title	VP
Name	OLIVER, SCOTT E
Address	2024 STEPHENSTOWN RD
City-State-Zip:	LINDEN TN 37096

Title	VP
Name	OLIVER, JOHN A
Address	904 STEPHENSTOWN RD
City-State-Zip:	LINDEN TN 37096

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMILY OLIVER**VICE PRESIDENT****01/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date