FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F04898** **(5)**

1. Corporation Name

CYPRESS TRUCK LINES, INC.

Principal Place of Business	Mailing Address
1746 EAST ADAMS ST. **C/O D.V.PENLAND** **JACKSONVILLE FL 32202**	**1746 EAST ADAMS ST.** **C/O D.V.PENLAND** **JACKSONVILLE FL 32202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/07/1980**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 | Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 | Country — 30

4. FEI Number: **59-2063224** ☐ 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

PENLAND, D.V.
1746 E. ADAMS ST.
JACKSONVILLE FL 32202

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 607.0502 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 3-23-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PENLAND, D.V.	12 NAME		
STREET ADDRESS	1746 E. ADAMS ST.	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	WHITE, MICHAEL	22 NAME		
STREET ADDRESS	1746 E. ADAMS ST.	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	PENLAND, CYNTHIA	32 NAME		
STREET ADDRESS	1746 E. ADAMS ST.	33 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BAUM, MICHELE	42 NAME		
STREET ADDRESS	1746 E. ADAMS STREET	43 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
TITLE	V	51 TITLE	V/D	XX Change ☐ Addition
NAME	PENLAND, DAVID JR	52 NAME		
STREET ADDRESS	1746 E ADAMS ST	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	V	61 TITLE	V/D	XX Change ☐ Addition
NAME	PENLAND, THADDEUS	62 NAME		
STREET ADDRESS	1746 E ADAMS ST	63 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	64 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: _____ 3-23-95 904-358-9385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016112 CP