

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

FILED
Feb 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F04898**

(5)

1. Corporation Name
CYPRESS TRUCK LINES, INC.

Principal Place of Business 1746 EAST ADAMS ST. C/O D.V.PENLAND JACKSONVILLE FL 32202	Mailing Address 1746 EAST ADAMS ST. C/O D.V.PENLAND JACKSONVILLE FL 32202-1206
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/07/1980	3a. Date of Last Report 04/08/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2063224		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
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		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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title, if applicable. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?	
TITLE	PD	1.1 TITLE	
NAME	PENLAND, D.V.	1.2 NAME	
STREET ADDRESS	1746 E. ADAMS ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	WHITE, MICHAEL	2.2 NAME	
STREET ADDRESS	1746 E. ADAMS ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	PENLAND, CYNTHIA	3.2 NAME	
STREET ADDRESS	1746 E. ADAMS ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	BAUM, MICHELE	4.2 NAME	
STREET ADDRESS	1746 E. ADAMS STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	PENLAND, DAVID JR	5.2 NAME	
STREET ADDRESS	1746 E ADAMS ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	PENLAND, THADDEUS	6.2 NAME	
STREET ADDRESS	1746 E ADAMS ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

14. I do 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.

CR2E034 (9/96)