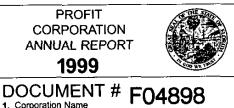
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90105 012 ***150.00

CYPRES	S TRUCK LINES, INC.							
Principal Place	of Business	Mailing Address				TIL BEBLE BEBEL KIRIL DE	811 81811 18 6 1	
1746 EAST ADA C/O D.V.PENLA JACKSONVILLE	ND	1748 EAST ADAMS ST. C/O D.V.PENLAND JACKSONVILLE FL 32202		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 11/07/1980				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apı	plied For	
21		26			59-2063224	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & State	9	City & State			6. Election Campaign Financing	\$5.00	Mav Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the current year	r Intangible	!	
24	25	29 30			Personal Property Tax.	Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registe	red Agent		
			81 Na	me				
PENLAND, D.V. 1746 E. ADAMS ST.			82 Str	eet Addre	Address (P.O. Box Number is Not Acceptable)			
	SONVILLE FL 32202		83					
4.12.								
	_	_	84 Cit	у	i	FL 85 Zip C	ode	
office or n agent. I a	egistered agent, or both in the State or familiar with, and accept the obligat	<i>(/)</i>	orized by the of Statutes.		d when reinstating) DATI	- 30 - 9/		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	PENLAND, D.V.		1.2 NAME					
STREET ADDRESS	1746 E. ADAMS ST.		1.3 STREET ADDR	RESS				
CITY-ST-ZIP	U/ONOOIVILEE 1 E		1.4 CITY-ST-ZIP					
TITLÉ	VD DELETE 2.1		2.1 TITLE	. D			Addition	
NAME	WHITE, MICHAEL 221		2.2 NAME	Ha	gg, Lon G. 46 E. Adams St.			
STREET ADDRESS	1746 E. ADAMS ST. 235		2.3 STREET ADDR					
CITY-ST-ZIP	UNDIVOTIVES I C		2.4 CITY-ST-ZIP	Ja	cksonville, FL 32202			
TITLE			3.1 TITLE			Change	Addition	
NAME	PENLAND, CYNTHIA		3.2 NAME					
STREET ADDRESS			3.3 STREET ADDR	RESS			ł	
CITY-ST-ZIP	JACKSONVILLE FL 13		3.4. CITY-ST-ZIP					
TITLE	VD	₩ DELETE	4,1 TITLE	D		Change	Addition	
NAME	BAUM, MICHELE		4 2 NAME	Ce	enter, Nancy Jo			
STREET ADDRESS	1746 E. ADAMS STREET		4.3 STREET ADOF	RESS 17	146 E. Adams St.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ja	cksonville, FL 32202			
TITLE	VD	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	PENLAND, DAVID JR		5.2 NAME					
STREET ADDRESS	1746 E ADAMS ST		53 STREET ADDR	RESS				
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP					
TITLE	100	DELETE	6.1 TITLE			☐ Change	Addition	

JACKSONVILLE FL 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.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

PENLAND, THADDEUS

1746 E ADAMS ST