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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State
05-10-1999 90105 012 ***150.00

DOCUMENT # F04898

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 Qualifed: 11/07/1980

4. FEI Number: 59-2063224 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

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 _____ 4-30-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
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	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WHITE, MICHAEL		2.2 NAME	Hagg, Lon G.	
STREET ADDRESS	1746 E. ADAMS ST.		2.3 STREET ADDRESS	1746 E. Adams St.	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	BAUM, MICHELE		4 2 NAME	Center, Nancy Jo	
STREET ADDRESS	1746 E. ADAMS STREET		4.3 STREET ADDRESS	1746 E. Adams St.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E034 (11/98)

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.

SIGNATURE: Nancy Jo Center Nancy Jo Center 4/30/99 (904) 356-9322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #