

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  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90033 023 \*\*\*150.00

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DOCUMENT # P97000049320

1. Corporation Name  
1 STOP LOGISTICS, INC.

Principal Place of Business  
3948 S. THIRD STREET  
SUITE 22  
JACKSONVILLE BEACH FL 32250

Mailing Address  
3948 S. THIRD STREET  
SUITE 22  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3451789

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

LLOYD, JOSIANE A  
14750 BEACH BLVD.  
SUITE 13  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name

Same

82 Street Address (P.O. Box Number is Not Acceptable)

3245 Antigua Dr.

83

84 City Jacksonville Beach

FL

85 Zip Code 32250

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PS ☐ DELETE

NAME LLOYD, FREDERIC M  
STREET ADDRESS 14750 BEACH BLVD #13  
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE VPT ☐ DELETE

NAME LLOYD, JOSIANE A  
STREET ADDRESS 14750 BEACH BLVD #13  
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Same  
1.3 STREET ADDRESS 3245 Antigua Dr.  
1.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Same  
2.3 STREET ADDRESS 3245 Antigua Dr.  
2.4 CITY-ST-ZIP Jacksonville Beach, FL 32250

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(904)249-7556

Date

Daytime Phone #

CR2E034 (11/98)