

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04898

Entity Name: CYPRESS TRUCK LINES, INC.**Current Principal Place of Business:**1414 LINDROSE ST
JACKSONVILLE, FL 32206**Current Mailing Address:**1414 LINDROSE ST
JACKSONVILLE, FL 32206**FEI Number:** 59-2063224**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PENLAND, D.V. SR.
1414 LINDROSE STREET
JACKSONVILLE, FL 32206 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	PENLAND, D.V. SR.
Address	1300 WIGMORE STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	STD
Name	PENLAND, CYNTHIA
Address	1300 WIGMORE STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	VD
Name	PENLAND, DAVID JR
Address	1300 WIGMORE STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	VD
Name	PENLAND, THADDEUS
Address	1300 WIGMORE STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	OFFICER
Name	PENLAND, AARON
Address	1414 LINDROSE ST
City-State-Zip:	JACKSONVILLE FL 32206

Title	OFFICER
Name	PENLAND, MATTHEW
Address	1414 LINDROSE ST
City-State-Zip:	JACKSONVILLE FL 32206

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIN SLOAN**OFFICE MNGR****01/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date