# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:16

DOCUMENT # 121817 (1)

1. Corporation Name
PLOOF TRUCK LINES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1414 LINDROSE ST<br>P. O. BOX 26949<br>JACKSONVILLE FL 32218 | 1414 LINDROSE ST<br>P. O. BOX 26949<br>JACKSONVILLE FL 32218 |

DO NOT WRITE IN THIS SPACE.

| | |
|---|---|
| 3. Date Incorporated or Qualified: 02/26/1930 | 3a. Date of Last Report: 05/01/1994 |
| 4. FEI Number: 59-0316950 | ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ 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**

GRAHAM, ARTHUR V
1414 LINDROSE ST
JACKSONVILLE FL 32206

**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 _____
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 | VD | 1.1 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | HOOPER, R.W. | 1.2 NAME | | |
| STREET ADDRESS | 4111 SAN SERVERA DR. S | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | | |
| TITLE | S | 2.1 TITLE | S/T/D | ☒ Change ☐ Addition |
| NAME | LEE, FLOYD T. | 2.2 NAME | | |
| STREET ADDRESS | 2344 FURMA ST | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK FL | 2.4 CITY-ST-ZIP | | |
| TITLE | PTD | 3.1 TITLE | C/M | ☒ Change ☐ Addition |
| NAME | COPELAND, DANIEL W. | 3.2 NAME | | |
| STREET ADDRESS | 11048 RIVERPORT CT. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MANDARIN FL | 3.4 CITY-ST-ZIP | | |
| TITLE | ~~SD~~ | 4.1 TITLE | D | ☒ Change ☒ Addition |
| NAME | ~~COPELAND, W.B.~~ Delete W B Copeland. | 4.2 NAME | Graham, Arthur V. | |
| STREET ADDRESS | ~~2727 FOREST CIRCLE~~ | 4.3 STREET ADDRESS | 1414 Lindrose St. | |
| CITY-ST-ZIP | ~~JACKSONVILLE FL~~ | 4.4 CITY-ST-ZIP | Jacksonville Fl. 32206 | |
| TITLE | V | 5.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | KINTZ, RALPH H. | 5.2 NAME | | |
| STREET ADDRESS | 1834 KIM ACRES LANE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DOVER FL | 5.4 CITY-ST-ZIP | | |
| TITLE | V | 6.1 TITLE | V/D | ☒ Change ☐ Addition |
| NAME | PETERSON, ARTHUR V. | 6.2 NAME | | |
| STREET ADDRESS | 5455 MARINER'S COVE DR | 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 is voluntarily furnished and 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 addition.

**SIGNATURE:** Floyd T. Lee 1/12/95 (904) 358-8641
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Telephone Number

0406931 FP