

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 121817 (1)

1. Corporation Name

PLOOF TRUCK LINES, INC.



Principal Place of Business

1414 LINDROSE ST
P. O. BOX 26949
JACKSONVILLE FL 32218

Mailing Address

1414 LINDROSE ST
P. O. BOX 26949
JACKSONVILLE FL 32218

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
02/26/1930

3a. Date of Last Report
02/07/1995

4. FEI Number
59-0316850

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

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

(Date) _____

(Date) _____

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	HOOPER, R.W.	
3. STREET ADDRESS	4111 SAN SERVERA DR. S	
4. CITY & STATE	JACKSONVILLE FL	
5. ZIP	STD	☐ DELETE
6. NAME	LEE, FLOYD T.	
7. STREET ADDRESS	2344 FURMA ST	
8. CITY & STATE	ORANGE PARK FL	
9. TITLE	CM	☐ DELETE
10. NAME	COPELAND, DANIEL W.	
11. STREET ADDRESS	11048 RIVERPORT CT.	
12. CITY & STATE	MANDARIN FL	
13. TITLE	D	☐ DELETE
14. NAME	GRAHAM, ARTHUR V.	
15. STREET ADDRESS	1414 LINDROSE ST.	
16. CITY & STATE	JACKSONVILLE FL	
17. TITLE	VD	☐ DELETE
18. NAME	KINTZ, RALPH H.	
19. STREET ADDRESS	1834 KIM ACRES LANE	
20. CITY & STATE	DOVER FL	
21. TITLE	VD	☐ DELETE
22. NAME	PETERSON, ARTHUR V.	
23. STREET ADDRESS	5455 MARINER'S COVE DR	
24. CITY & STATE	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☒ Addition
2. NAME	V D. David Collins
3. STREET ADDRESS	1414 Lindrose St.
4. CITY & STATE	Jacksonville, FL 32206
5. TITLE	☐ Change ☒ Addition
6. NAME	V James Suits
7. STREET ADDRESS	1414 Lindrose St.
8. CITY & STATE	Jacksonville, FL 32206
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY & STATE	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY & STATE	

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)(k), 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 or person 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.

SIGNATURE: Floyd T. Lee FLOYD T. LEE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96 904-353-8641

CR2E034 (12/95)