

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
Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90010 027 ***558.75
09-24-1999 90002 005 ***550.00

DOCUMENT # 121817

1. Corporation Name

Ploof Truck Lines, Inc.

Principal Place of Business

1414 Lindrose Street
P. O. Box 26949
Jacksonville, FL 32218

Mailing Address

1414 Lindrose Street
P. O. Box 26949
Jacksonville, FL 32218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

2/26/30

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Graham, Arthur V.
1414 Lindrose Street
Jacksonville, FL 32206

81 Name

Smith Hulsey & Busey

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

225 Water Street, Suite 1800

83

84 City

Jacksonville

FL

85 Zip Code
32202

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 By: Smith Hulsey & Busey
Signature, typed or printed name of registered agent and title if applicable.

M. Richard Lewis, Jr., Vice-President

9/2/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE
TSD	Rinzivillo, Drew	1414 Lindrose Street	Jacksonville, FL	
DV	Suits, James	1414 Lindrose Street	Jacksonville, FL	<input type="checkbox"/> DELETE
CM	Copeland, Daniel W.	11048 Riverport Ct.	Mandarin, FL	<input type="checkbox"/> DELETE
VD	Kintz, Ralph H.	1834 Kim Acres Lane	Dover, FL	<input type="checkbox"/> DELETE
VD	Peterson, Arthur V.	5455 Mariner's Cove Dr.	Jacksonville, FL	<input checked="" type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DST	McReynolds, Roger E.	1414 Lindrose Street	Jacksonville, FL	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

ROGER E. MCREYNOLDS 9-20-99

Date

(904) 353-8641
Daytime Phone #

CR 00234 (11/98)