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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:30

DOCUMENT # **827912** **(7)**

1. Corporation Name

HILLDRUP TRANSFER AND STORAGE, INCORPORATED

Principal Place of Business	Mailing Address
4022 JEFFERSON DAVIS HWY P.O. BOX 1290 STAFFORD VA 22554	4022 JEFFERSON DAVIS HWY P.O. BOX 1290 STAFFORD VA 22554

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/03/1972**
3a. Date of Last Report: **04/05/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **54-0661748** ☐ 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

RITTERPUSCH, DICK
750 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32824

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL,C G	12 NAME	
STREET ADDRESS	133 CAROLINE ST	13 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	DODSON, D. BARRY	22 NAME	
STREET ADDRESS	1708 RAINES DR	23 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	HICKS, ROBERT G.	32 NAME	
STREET ADDRESS	106 GOODLOE DR.	33 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, HILTON G.	42 NAME	
STREET ADDRESS	2 PATRICK PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WOOD, HAROLD	52 NAME	
STREET ADDRESS	25 HAMLIN DR	53 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	MCDANIEL, CW	62 NAME	
STREET ADDRESS	11 FOX RUN DR	63 STREET ADDRESS	
CITY-ST-ZIP	FREDERICKSBURG VA	64 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 address.

SIGNATURE: _____ 3/28/95 703-221-7155
NAME AND TITLE OF PERSON SIGNING (TYPE OR PRINT) (Area Code & Daytime Phone Number)

0466067 FN