FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/03/1972**

3a. Date of Last Report: **04/03/1995**

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

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

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

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	V	☐ Change ☒ Addition
NAME	MCDANIEL,C G		12 NAME	MABE, LESTER	
STREET ADDRESS	133 CAROLINE ST		13 STREET ADDRESS	10821 LEVELLS ROAD	
CITY-ST-ZIP	FREDERICKSBURG VA		14 CITY-ST-ZIP	FREDERICKSBURG, VA 22407	
TITLE	V	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E034 (12/95)

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 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/4/96 703-221-7155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #