

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
4022 JEFFERSON DAVIS HWY
P.O. BOX 1290
STAFFORD VA 22554

Mailing Address
4022 JEFFERSON DAVIS HWY
P.O. BOX 1290
STAFFORD VA 22554-4827

3. Date Incorporated or Qualified
05/03/1972

3a. Date of Last Report
03/08/1996

| | | | |
|--------------------------------|------------------------|---|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 54-0661748 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--------|
| TITLE | DP | DELETE |
| NAME | MCDANIEL, C G | |
| STREET ADDRESS | 133 CAROLINE ST | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |
| TITLE | V | DELETE |
| NAME | DODSON, D. BARRY | |
| STREET ADDRESS | 1708 RAINES DR | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |
| TITLE | DV | DELETE |
| NAME | HICKS, ROBERT G. | |
| STREET ADDRESS | 106 GOODLOE DR. | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |
| TITLE | STD | DELETE |
| NAME | MARSHALL, HILTON G. | |
| STREET ADDRESS | 2 PATRICK PLACE | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |
| TITLE | D | DELETE |
| NAME | WOOD, HAROLD | |
| STREET ADDRESS | 25 HAMLIN DR | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |
| TITLE | V | DELETE |
| NAME | MCDANIEL, CW | |
| STREET ADDRESS | 11 FOX RUN DR | |
| CITY-ST-ZIP | FREDERICKSBURG VA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--------------------------|--------|----------|
| 1.1 TITLE | V | Change | Addition |
| 1.2 NAME | MABE, LESTER | | |
| 1.3 STREET ADDRESS | 10821 Levells Road | | |
| 1.4 CITY-ST-ZIP | Fredericksburg, VA 22407 | | |
| 2.1 TITLE | V | Change | Addition |
| 2.2 NAME | STEAGALL, JAMES | | |
| 2.3 STREET ADDRESS | 4655 NC 49 South | | |
| 2.4 CITY-ST-ZIP | Burlington, NC 27215 | | |
| 3.1 TITLE | | Change | Addition |
| 3.2 NAME | | | |
| 3.3 STREET ADDRESS | | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | Change | Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | Change | Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | Change | Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE

CR2E034 (9/96)