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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90114 021 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 827912

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/03/1972

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

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

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 VP ☐ Change ☒ Addition
1.2 NAME Lester Mabe
1.3 STREET ADDRESS 4022 Jefferson Davis Hwy
1.4 CITY-ST-ZIP Stafford VA 22554

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME Randy Rantz
2.3 STREET ADDRESS 4022 Jefferson Davis Hwy
2.4 CITY-ST-ZIP Stafford VA 22554

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME John Tompkins
3.3 STREET ADDRESS 4022 Jefferson Davis Hwy
3.4 CITY-ST-ZIP Stafford VA 22554

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME James Steagall
4.3 STREET ADDRESS 4022 Jefferson Davis Hwy
4.4 CITY-ST-ZIP Stafford VA 22554

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 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

4/26/99

Daytime Phone #

CR2E034 (11/98)