

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90296 016 ***150.00

DOCUMENT # 845281

1. Corporation Name

KENAN TRANSPORT COMPANY

Principal Place of Business

143 WEST FRANKLIN STREET
P O BOX 2729
CHAPEL HILL NC 27516-0910

Mailing Address

143 WEST FRANKLIN STREET
P O BOX 2729
CHAPEL HILL NC 27516-0910

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1980

4. FEI Number

56-0516485

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.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS ST
STE 105
TALLAHASSEE FL 32301

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 PD ☐ DELETE
NAME SHAFFER, LEE P.
STREET ADDRESS 3822 NOTTAWAY RD.
CITY-ST-ZIP DURHAM NC

TITLE V ☐ DELETE
NAME KNUTSON, GARY J
STREET ADDRESS 27 WYSTERIA WAY
CITY-ST-ZIP CHAPEL HILL NC

TITLE VST ☐ DELETE
NAME BOONE, WILLIAM L.
STREET ADDRESS 209 BENWELL CT
CITY-ST-ZIP MORRISVILLE NC

TITLE CD ☐ DELETE
NAME KENAN, THOMAS S III
STREET ADDRESS P.O. BOX 4150
CITY-ST-ZIP CHAPEL HILL NC

TITLE O ☐ DELETE
NAME COWAN, J. E.
STREET ADDRESS 2808 FERRAND ROAD
CITY-ST-ZIP DURHAM N.C.

TITLE D ☐ DELETE
NAME KENAN, OWEN C.
STREET ADDRESS 1011 PINEHURST DRIVE
CITY-ST-ZIP CHAPEL HILL NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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:

Kenan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-99

Date

919-967-8221

Daytime Phone #

CR2E034 (1/98)