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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # F02825

1. Corporation Name

AIR LAND FORWARDERS, INC.

Principal Place of Business	Mailing Address
815 S MAIN ST ~~500~~ JACKSONVILLE FL 32207 US	P.O. BOX 48088 ~~P.O.BOX 37977~~ JAX FL 32247 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 10/23/1980

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 5th Floor	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2032134 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

PRICE, ROBERT J
815 S MAIN ST
500
~~JACKSONVILLE FL 32254~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City: Jacksonville **FL** 85 Zip Code: 32207

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 reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GROGER, RANDALL K.		1.2 NAME		
STREET ADDRESS	815 S MAIN ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~		1.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYMER, DENISE J.		2.2 NAME		
STREET ADDRESS	815 S MAIN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~		2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	PDC	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICHARDSON, MICHAEL C.		3.2 NAME		
STREET ADDRESS	815 S MAIN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE, FL 00000~~		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	AS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, BARBARA S		4. 2 NAME		
STREET ADDRESS	815 S MAIN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~		4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED Price, C.F.O. 4/1/99 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)