

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90002 025 ***150.00

DOCUMENT # F96000006741

1. Corporation Name

ARROW TRUCKING CO.

Principal Place of Business

4320 S ELWOOD AVE
PO BOX 3570
TULSA OK 74101

Mailing Address

4320 S ELWOOD AVE
PO BOX 3570
TULSA OK 74101

2. Principal Place of Business

21 4230 S. ELWOOD AVE.

2a. Mailing Address

26 P.O. Box 3570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TULSA OK

City & State

28 TULSA OK

Zip

Country

24 74107

25 USA

Zip

Country

29 74101

30 USA

9. Name and Address of Current Registered Agent

O'BRIEN, TERRY MRS.
1581 ROBERT J. CONLAN BLVD., STE. 106
PALM BAY FL 32905

3. Date Incorporated or Qualified

12/24/1996

4. FEI Number

73-0764029

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

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 DCP
NAME PIELSTICKER, J W
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

TITLE D
NAME PIELSTICKER, J DOUGLAS
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

TITLE D
NAME PIELSTICKER, CAROL
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

TITLE V
NAME JONES, GARY L
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

TITLE S
NAME COLLINS, J ROGER
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

TITLE T
NAME BOLEN, JERRY
STREET ADDRESS 4320 S ELWOOD AVE
CITY-ST-ZIP TULSA OK 74101 ☐ DELETE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. ROGER COLLINS, VP-ADMIN -1-7-99 918-446-1441

Date

Daytime Phone #

CR2E034 (11/98)

0550599