

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

DOCUMENT # F98000002141

1. Corporation Name

LEPRINO TRANSPORTATION COMPANY

Principal Place of Business

**1830 W. 38TH AVE.
DENVER CO 80211-2200**

Mailing Address

**1830 W. 38TH AVE.
DENVER CO 80211-2200**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90010 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

84-1451025

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	C	<input type="checkbox"/> DELETE
NAME	LEPRINO, JAMES G	
STREET ADDRESS	1830 W. 38TH AVE.	
CITY-ST-ZIP	DENVER CO 80211-2200	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ALLEN, WESLEY J	
STREET ADDRESS	1830 W. 38TH AVE.	
CITY-ST-ZIP	DENVER CO 80211-2200	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	JENSEN, LARRY J	
STREET ADDRESS	1830 W. 38TH AVE.	
CITY-ST-ZIP	DENVER CO 80211-2200	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEEHAN, JERRY	
STREET ADDRESS	6655 N. YORK ST.	
CITY-ST-ZIP	DENVER CO 80229-0989	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	REIDY, MICHAEL L	
STREET ADDRESS	1830 W. 38TH AVE.	
CITY-ST-ZIP	DENVER CO 80211-2200	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	V
1.3 STREET ADDRESS	Briggs, Thomas P.
1.4 CITY-ST-ZIP	1830 W. 38th Ave. Denver, CO 80211-2200
2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leprino, James G.
2.3 STREET ADDRESS	1830 W. 38th Ave.
2.4 CITY-ST-ZIP	Denver, -CO 80211
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas P. Briggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas P. Briggs 4/12/99 (303) 428-2600

Date

Daytime Phone #

CR2E034 (1/98)