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Feb 16, 1999 8:00am  
Secretary of State

02-16-1999 90005 039 \*\*\*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # G84064

1. Corporation Name

HUB CITY FLORIDA TERMINALS, INC.

Principal Place of Business

10199 SOUTHSIDE BLVD.  
SUITE 203  
JACKSONVILLE FL 32256

Mailing Address

377 E BUTTERFIELD RD  
SUITE 700  
LOMBARD IL 60148  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1984

4. FEI Number

36-3419299

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

\*Exempt  
From Filing

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 D ☐ DELETE  
NAME YEAGER, PHILLIP C.  
STREET ADDRESS 377 EAST BUTTERFIELD RD, 7 FL., STE. 700  
CITY-ST-ZIP LOMBARD IL

TITLE ST ☐ DELETE  
NAME MAISCH, JAN A.  
STREET ADDRESS 10199 SOUTHSIDE BLVD. - SUITE 203  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME HARDIN, THOMAS  
STREET ADDRESS 377 E. BUTTERFIELD RD, 7 FL. STE. 700  
CITY-ST-ZIP LOMBARD IL

TITLE PTD ☐ DELETE  
NAME MAISCH, ROBERT JR.  
STREET ADDRESS 10199 SOUTHSIDE BLVD. - SUITE 203  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE  
NAME DAVID, YEAGER P.  
STREET ADDRESS 377 E. BUTTERFIELD RD, 7 FL., STE. 700  
CITY-ST-ZIP LOMBARD IL

TITLE AS ☐ DELETE  
NAME ZEILSTRA, DAVID C  
STREET ADDRESS 377 E BUTTERFIELD RD, SUITE 700  
CITY-ST-ZIP LOMBARD IL 60148

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

David C. Zeilstra 1/19/99 630 271-3754

CR2E034 (1/1/98)