

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90159 041 ***158.75

DOCUMENT # P94000042244

1. Corporation Name

WHITE LINE TRUCKING, INC.



Principal Place of Business

9800 NORMANDY BLVD
JACKSONVILLE FL 32221
US

Mailing Address

POST OFFICE BOX 14379
JACKSONVILLE FL 32238-1379

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1994

4. FEI Number

59-2923968

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

QUACKENBUSH, AUDREY M
10620 SCOTTSDALE COURT
JACKSONVILLE FL 32222

10. Name and Address of New Registered Agent

81 Name Audrey M. Quackenbush
82 Street Address (P.O. Box Number is Not Acceptable)
RT. 2 Box 219-B
83 Burnsed Lane
84 City McCleeny FL 85 Zip Code 32063

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

1-15-95

12. OFFICERS AND DIRECTORS

TITLE D
NAME QUACKENBUSH, AUDREY M
STREET ADDRESS 10620 SCOTTSDALE COURT
CITY-ST-ZIP JACKSONVILLE FL 32222

TITLE D
NAME PIERCE, EARLE F
STREET ADDRESS 8754 BARCO LANE
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE
1.2 NAME Audrey M. Quackenbush
1.3 STREET ADDRESS Burnsed Lane, RT 2 Box 219 B
1.4 CITY-ST-ZIP McCleeny FL 32063

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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

Date

Daytime Phone #

1-15-95 9046959091

CR2E034 (1/198)