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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



DOCUMENT # P94000046981

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 10, 1999 8:00 am Secretary of State

05-10-1999 90099 008 ***150.00

1. Corporation Name EDDIE POPE TRUCKING, INC.

2828 HURST ROAD 2828 HURST ROAD AUBURNDALE FL AUBURNDALE FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/16/1994 Applied For 2a. Mailing Address 4. FEI Number 2. Principal Place of Business 59-3248168 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State ____. \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation owes the current year Intangible Zip Ayo. \square No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 POPE. EDDIE E Street Address (P.O. Box Number is Not Acceptable) 82 2828 HURST ROAD AUBURNDALE FL Zip Code 85 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Change □ DELETE 1.1 TITLE TITLE POPE, EDDIE E 1.2 NAME NAME 2828 HURST ROAD 13 STREET ADDRESS STREET ADDRESS AUBURNDALE FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ DELETE TITLE 2.1 TITLE POPE, JOANN K 2.2 NAME NAME 2828 HURST ROAD 2,3 STREET ADDRESS STREET ADDRESS AUBURNDALE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME 7 NAME 3.3 STREET ADDRESS STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapped, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR

CR2E034

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