

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 # P97000004462

1. Corporation Name
ICS LOGISTICS, INC.

Principal Place of Business
2625 WEST 5TH STREET
JACKSONVILLE FL 32203

Mailing Address
2625 WEST 5TH STREET
JACKSONVILLE FL 32203

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90033 004 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/09/1997	
21	Suite, Apt. #, etc.	26	PO BOX 41064	4. FEI Number 59-3427742	Applied For Not Applicable
22	City & State	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	JACKSONVILLE FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	32203	8. This corporation owes the current year Intangible Personal Property Tax.	Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SPENCE, CARLTON H. 1814 INDUSTRIAL BLVD JACKSONVILLE FL 32254		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	SPENCE, CARLTON H	1.2 NAME	
STREET ADDRESS	2625 WEST 5TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SPENCE, JEFFREY C	2.2 NAME	
STREET ADDRESS	2625 WEST 5TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32203	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

904 786 8038

Date

Daytime Phone #

CR2E034 (1/98)