

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
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90060 038 ***150.00

DOCUMENT # P98000004201

1. Corporation Name

SPECIALTY FREIGHT SERVICES, INC.

Principal Place of Business

2709-1 ART MUSEUM DR.
JACKSONVILLE FL 32207

Mailing Address

2709-1 ART MUSEUM DR.
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

59-3485910

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 2051 Art Museum Drive

Suite, Apt. #, etc.

22 STE 140

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 2051 Art Museum Dr.

Suite, Apt. #, etc.

27 STE 140

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

EHRIE, LISA LYNN
2709-1 ART MUSEUM DR.
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2051 Art Museum Dr.

83

STE 140

84 City

Jacksonville

FL

85 Zip Code

32207

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 EHRIE, LISA LYNN
STREET ADDRESS 3824 PURCELLVILLE CT.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ DELETE

NAME BEVERIDGE, MICHAEL J
STREET ADDRESS 2801-C ST. JOHNS AVE.
CITY-ST-ZIP JACKSONVILLE FL 32204

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/7/99

(904) 398-4788

CR2E034 (1/98)