

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90098 029 ***158.75

DOCUMENT # P98000037099

1. Corporation Name

UPRISING TRUCKING INC.

Principal Place of Business

P.O. BOX 350019 35
PALM COAST FL 32135-0819

Mailing Address

P.O. BOX 350819
PALM COAST FL 32135-0819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1998

4. FEI Number

59 350 1314

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 P.O. Box 354001

2a. Mailing Address

26 P.O. Box 354001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Palm Coast FL

City & State

28 Palm Coast FL

Zip Country

24 32135 25 USA

Zip Country

29 32135 30 USA

9. Name and Address of Current Registered Agent

MARSHALL, MARCIE D
19B FLEMINGWOOD LANE
PALM COAST FL 32135

10. Name and Address of New Registered Agent

81 Name

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

Suite B

83

84 City

FL

85 Zip Code

32137

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 PD ☐ DELETE

NAME MARSHALL, BILL L
STREET ADDRESS 19 FLEMINGWOOD LANE, SUITE B
CITY-ST-ZIP PALM COAST FL 32164

TITLE VD ☒ DELETE

NAME MARSHALL, NUGENT
STREET ADDRESS 19 FLEMINGWOOD LANE, SUITE B
CITY-ST-ZIP PALM COAST FL 32164

TITLE STD ☐ DELETE

NAME MARSHALL, MARCIE D
STREET ADDRESS 19 FLEMINGWOOD LANE, SUITE B
CITY-ST-ZIP PALM COAST FL 32164

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

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 9044471239

Date

Daytime Phone #

CR2E034 (11/98)