1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000037099

UPRISING TRUCKING INC.

Principal Place of Business P.O. BOX 350019 35

Mailing Address

P.O. BOX 350819

PALM COAST FL 32135-0819

May 10, 1999 8:00 am Secretary of State

05-10-1999 90098 029 ***158.75



PALM COAST FL 32135-0819		PALM COAST FL 32135-0819			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	ı	- 1	=
					04/23/1998			
2. Principal Pl	lace of Business	2a. Mailing Address	-		4. FEI Number	1	Appl	lied For
21 000	20x 354001	26 POBOX	35	4001	59 350 (3/	<u>4</u>	Not.	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired)XI	\$8.75 Ad	
22		27			5. Certificate of Glatos Besireo		Fee Req	uired
City & State C + City & State C +				- -	6. Election Campaign Financing		\$5.00 ⋈	
23 Par	ntoasi +L	28 12 m Loas	<u>51 </u>	14	Trust Fund Contribution		Added to	Fees -
Zip	Country	Zip	_ Country □		8. This corporation owes the cur	rent year in		SirNo
24 3210	35 25 USH	29 32 135 30	<u>u</u>	sa_	Personal Property Tax. 10. Name and Address of New	Di-td		ZINO
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New	Registered	Agent	_
MAD	CHALL MADCIE D		"	Maille				_
MARSHALL, MARCIE D				82 Street Address (P.O. Box Number is Not Acceptable)				
198 FLEMINGWOOD LANE PALM COAST FL 32135							ne u	_
PALN	W CUASI FL 32135		83					
			84	City			85 Zip Co	ode
				<u> </u>		FL		ogistored
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	of Florida. Such change was auth	norized by	the corporati	poration submits this statement for the ion's board of directors. I hereby acce	purpose or the appo	changing its re intment as regi	egistered istered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes	s. ,	·			
SIGNATURE						DATE	_,	
	Signature, typed or printed name of registered agent			nt signature require	ADDITIONS/CHANGES TO OF		ON DIRECTOR	S IN 12
12.	OFFICERS ANI	DELETE	13.		ADDITIONS/CHANGES TO OF	FICENS A	Change	Addition
TITLE	PD		1.2 NAME				<u></u>	_
NAME	MARSHALL, BILL L	- n		* + 0000500				
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TITLE	STD		3.1 TITLE	ļ			M viidiigo	
NAMÉ	MARSHALL, MARCIE D		3.2 NAME					
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NAME			62 NAME					
STREET ADDRESS			ŧ	T ADDRESS				
CITY, ST. 7IP	1		6.4 CITY-5	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 suppliemental 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 of 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 an an attachment with an address, with all other like empowered.