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

01-23-1999 90016 002 ***150.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000039135

1. Corporation Name
POPE & STEPHENS TRUCKING, INC.

Principal Place of Business	Mailing Address
908 FIRST STREET NEPTUNE BEACH FL 32266	P.O. BOX 16952 JACKSONVILLE FL 32245-6952

2. Principal Place of Business 21	26. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified
05/15/1998

4. FEI Number
59-3510220
☐ 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

9. Name and Address of Current Registered Agent

POPE, MICHAEL R
908 FIRST STREET
NEPTUNE BEACH FL 32266

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POPE, MICHAEL R		1.2 NAME	
STREET ADDRESS	908 FIRST STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POPE, WENDY		2.2 NAME	
STREET ADDRESS	908 FIRST STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEPTUNE BEACH FL 32266		2.4 CITY-ST-ZIP	01-23-1999 90016 002 $150.00
TITLE	VPD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, MORRIS A		3.2 NAME	
STREET ADDRESS	7855 COLLINS RIDGE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, KIMBERLY K		4.2 NAME	
STREET ADDRESS	7855 COLLINS RIDGE ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☒ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JD 2-24-99

CR2E035 (11/98)

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: Michael R Pope 1-8-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #