

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V01523

FILED
Apr 24, 2009
Secretary of State

Entity Name: PIPELINE TRANSPORTATION, INC.

Current Principal Place of Business:

42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

2101A HECKSHER DR
JACKSONVILLE, FL 32226 US

Current Mailing Address:

42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL 32068 US

New Mailing Address:

FEI Number: 59-3106100 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASHBY, JR, GEORGE H
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: DP () Delete
Name: ANDERSON, MARK H
Address: 2101A HECKSHER DR.
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: VPT () Delete
Name: BOYLES, DARRELL E
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D () Delete
Name: APPLEBY, CHARLES C
Address: 7915 BAYMEADOWS WAY, STE 300
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: ALFRED, ALICIA F
Address: 42 SLEEPY HOLLOW ROAD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP () Delete
Name: EVANS, DOUGLAS E
Address: 2101 A HECKSHER DR.
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CFOT (X) Change () Addition
Name: ROBBINS, LYNN
Address: 2101A HECKSHER DR
City-St-Zip: JACKSONVILLE, FL 32226 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICIA F. ALFRED

S

04/24/2009

Electronic Signature of Signing Officer or Director

Date

V01523
4-24-09

2009 FOR PROFIT CORPORATION
ANNUAL REPORT
DOC # V01523
Page 2

OFFICERS AND DIRECTORS

☐ Change ☐ Addition

TITLE	VP
NAME	Roy Sherrer
STREET ADDRESS	2101A Hecksher Dr.
CITY-ST-ZIP	Jacksonville, FL 32226