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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 656147 (6)

1. Corporation Name
SOUTHERN FREIGHT, INC.

Principal Place of Business
99 UNIVERSITY AVE., S.W.
ATLANTA GA 30315

Mailing Address
99 UNIVERSITY AVE., S.W.
ATLANTA GA 30315-2200



3. Date Incorporated or Qualified
02/18/1980

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-1994426

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CHARLES
10850 COSMONAUT BLVD
ORLANDO FL 32824

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

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
FAULS, ROBERT J. JR
3129 SMOKY ROAD
NEWNAN GA

1.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
FAULS, CHRISTINE R.
31296 SMOKY ROAD
NEWNAN GA

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE V ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
BARKER, LARRY J.
3538 WINDER HWY
FLOWERY BRANCH GA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
3934 SLOAN MILL ROAD
GAINESVILLE, GA 30507

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE ☐ DELETE

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Larry J. Barker E.V.P. Broker

404-688-0002

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011874

CR2E034 (9/96)