

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90216 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 845143

1. Corporation Name
TRANSPORT REALTY OF ARKANSAS, INC.



Principal Place of Business
**3801 OLD GREENWOOD RD.
 FORT SMITH AR 72903
 US**

Mailing Address
**P.O. BOX 10048
 FORT SMITH AR 72917-0048
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21
 Suite/Apt./#; etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite/Apt./#; etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
02/04/1980

4. FEI Number
71-0349248

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
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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	S	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, EDWARD	1.2 NAME	Cooper, Richard F.
STREET ADDRESS	3801 OLD GREENWOOD RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR 72903	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOEFFLER, DAVID E	2.2 NAME	Asst Treasurer
STREET ADDRESS	3801 OLD GREENWOOD RD.	2.3 STREET ADDRESS	J. LAVON MORFON
CITY-ST-ZIP	FT. SMITH AR 72903	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, WALTER	3.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR 72903	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A	4.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR 72903	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, SHAUN M	5.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBLEFIELD, DAVID E	6.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. SMITH AR 72903	6.4 CITY-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 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: *J. Lavon Morfon* **J. LAVON MORFON** 4-13-99 501-494-6823
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)