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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F95000003326**

1. Corporation Name

	n Freightways, Inc.								
Principal Place of Business Mailing Address  2200 FORWARD DR 2200 FORWARD DR									
2200 FORWARD DR HARRISON AR 72601 HARRISON AR 72601 HARRISON AR 72601						DO NOT WE	RITE IN THIS	SPACE	
						3. Date Incorporated or Qualife 07/12/1995	d		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			olied For
21		26				71-0562003			Applicable
Suite, Apt. 3	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Re	I
City & State	9	City & State				6. Election Campaign Financing Trust Fund Contribution	³ 🗆	\$5.00 Added to	,
Zip	Country Zip 25 29 30					This corporation owes the cu     Personal Property Tax.	rrent year Inta	ngible Ves	□No
	9. Name and Address of Current	Registered Agent	81			10. Name and Address of New	Registered /	Agent	
OT CORPORATION CYCTEM				Name					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street A	ddress	s (P.O. Box Number is Not Accep	otable)		
1200 SOUTH PINE ISLAND RD.			83	<u> </u>					
PLANTATION FL 33324			65						
			84	City			FL	85 Zip C	Code
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  Structure to provide or provided agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
12.	Signature, typed or printed name of registered agent a OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	it signatura rec	quireu wi	ADDITIONS/CHANGES TO C		D DIRECTO	RS IN 12
TITLE	СР	☐ DELETE	1.1 TITLE	· · · · · · · · · · · · · · · · · · ·	C		•	Change	☐ Addition
NAME	GARRISON, F.S.		1.2 NAME		_				ļ
STREET ADDRESS	2200 FORWARD DR		1.3 STREET ADDRESS				,		}
CITY-ST-ZIP	HARRISON AR 72601		. 1.4 CITY-ST-ZłP						
TITLE	VD DELETE		2.1 TITLE					Change	☐ Addition
NAME	CONNER, FRANK 2200 FORWARD DR		2.2 NAME 2.3 STREET ADDRESS						ļ
STREET ADDRESS	HARRISON AR			2.4 CITY-ST-ZIP					ĺ
CITY-ST-ZIP	VSTD DELETE		-	3.1 TITLE <b>P</b>				Change	☐ Addition
NAME	GARRISON, TOM		3.2 NAME		, -			• •	
STREET ADDRESS	2200 FORWARD DR		3.3 STREET	T ADDRESS					
CITY-ST-ZIP	HARRISON AR		3.4. CITY-5	3.4. CITY-ST-ZIP					
TITLE	D DELETE		4.1 TITLE					Change	☐ Addition
NAME	GARRISON, BEN A		4. 2 NAME						-
STREET ADDRESS	2200 FORWARD DR			TADDRESS					
CłTY-ST-ZIP	HARRISON AR VD	☐ DELETE	4.4 CITY-S 5.1 TITLE					Change	Addition
TITLE	GARRISON, WILL	C) DECEIE	5.1 IIILE 5.2 NAME		V 5	ı p		A	
NAME STREET ADDRESS	2200 FORWARD DR		i	T ADDRESS					
CITY-ST-ZIP	HARRISON AR		5.4 CITY-S						

HARRISON AR 64 CITY-ST-ZIP 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 only an attachment with an address, with all other like empowered.

61 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

JONES, T.J. 2200 FORWARD DR

TITLE

STREET ADDRESS

☐ DELETE

870-741-90W

☐ Change

Addition