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

Apr 16 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)P05608 ABF CARTAGE, INC. Principal Place of Business Mailing Address 3801 OLD GREENWOOD RD P. O. BOX 10048 FORT SMITH AR 72903 FORT SMITH AR 72917-0048 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/09/1985 2. Principal Place of Business 2a. Mailing Address 4. FEL Number Applied For 71-0596079 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Źф Country Country 8. This corporation owes or has paid the current year Intangible Yes No. Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 bitin if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE STUBBLEFIELD, DAVID E. NAME 1.2 NAME R2E034 3801 OLD GREENWOOD RD STREET ADDRESS 1.3 STREET ADDRESS FT. SMITH AR 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE 2.1 TITLE EDWARD G. MYERS NAME 2.2 NAME 3801 OLD GREENWOOD RD 2.3 STREET ADDRESS STREET ADDRESS FORT SMITH AR 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE DAVID E. LOEFFLER 3.2 NAME NAME 3801 OLD GREENWOOD RD STREET ADDRESS 3.3 STREET ADORESS FORT SMITH AR CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE ROBERT A YOUNG N NAME 4. 2 NAME 3801 OLD GREENWOOD RD STREET ADDRESS 4.3 STREET ADDRESS FT SMITH AR CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE AS MCCAFFREY, SHAUN M NAME 5.2 NAME 3801 OLD GREENWOOD RD STREET ADDRESS **5.3 STREET ADDRESS** FT SMITH AR CITY-S1-ZIP 5.4 CITY-ST-ZIP

SIGNATURE:

TUTLE

NAME STREET ADDRESS

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 suppliemental 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. and Treas

DELETE

6 1 TITLE

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Change

Addition