

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

FILED

Mar 07 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 # **P12654** (0)
1. Corporation Name
SOUTHEASTERN FREIGHT LINES, INC.



Principal Place of Business Mailing Address
420 DAVEGA ROAD **P.O. BOX 1691**
LEXINGTON SC 29073 **COLUMBIA SC 29202-1691**
US **US**

3. Date Incorporated or Qualified **12/23/1986** 3a. Date of Last Report **04/04/1996**
4. FEI Number **57-0301199** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	CASSELS, W.T., JR.		1.2 NAME		
STREET ADDRESS	420 DAVEGA ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON SC		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	TAYLOR, PAUL D.		2.2 NAME		
STREET ADDRESS	420 DAVEGA ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON SC		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME	STOREY, SHELBY D.		3.2 NAME		
STREET ADDRESS	420 DAVENGA ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON SC		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	BURLESON, J.R., JR.		4.2 NAME		
STREET ADDRESS	420 DAVENGA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON SC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	CASSELS, W. TOBIN, III		5.2 NAME		
STREET ADDRESS	420 DAVENGA ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON SC		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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: *[Signature]* **2/18/97** **803-939-3370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)