

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P12654 1. Entity Name SOUTHEASTERN FREIGHT LINES, INC.	
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Principal Place of Business 420 DAVEGO ROAD LEXINGTON, SC 29073 US	Mailing Address P.O. BOX 1691 COLUMBIA, SC 29202 US
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DO NOT WRITE IN THIS SPACE



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-0301199	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSELS, W.T., JR. 420 DAVEGA ROAD LEXINGTON, SC 29073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSELS, W. TOBIN III 420 DAVEGA ROAD LEXINGTON, SC 29073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASSELLS, W. TOBIN 420 DAVEGA ROAD LEXINGTON, SC 29073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURLESON, J.R., JR. 420 DAVEGA ROAD LEXINGTON, SC 29073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSELS, W. TOBIN, III 420 DAVEGA ROAD LEXINGTON, SC 29073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC EDGE, P. THOMAS 420 DAVEGA ROAD LEXINGTON, SC 29073

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P. Jh. Seg 3/18/08 8037947300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #