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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000050414 (9)

FREIGHT MANAGEMENT SPECIALISTS, INC.

Principal Place of Business Mailing Address 5151 SOUTH LAKELAND DRIVE 5151 SOUTH LAKELAND DRIVE DO NOT WRITE IN THIS SPACE LAKELAND FL 33813 LAKELAND FL 33813 3. Date Incorporated or Qualified 07/07/1994 2. Principal Place of Business 2a. Mailing Address FEI Number 26 38-2971655 21 Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Zip Country Zip Country 24 25 29 30 g. Name and Address of Current Registered Agent 81 Name OBERHOFER, RAYMOND A 5151 SOUTH LAKELAND DRIVE 82 SUITE 3 83 LAKELAND FL 33081-3 84 City

FILED Mar 10 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **DPTS** DELETE Addition TITLE 1.1 TITLE Change OBERHOFER, RAYMOND A NAME 1.2 NAME 3407 BRIDGEFIELD DR. STREET ADDRESS 1.3 STREET ADDRESS LAKELANDL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change OBERHOFFER, MARIE 2.2 NAME 3407 BRIDGEFIELD DR. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE OBERHOFER, JOHN C 3.2 NAME 4204 DERBY DR STREET ADDRESS 3.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS Day-St-7P 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 CITY - ST - ZIP DELETE TITLE **6.1 TITLE** Change Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

RAYMOND A. OBER HOPER 3 /4 SIGNATURE: