

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003326 (4)**

1. Corporation Name

AMERICAN FREIGHTWAYS, INC.

Principal Place of Business

**2200 FORWARD DR
HARRISON AR 72601**

Mailing Address

**2200 FORWARD DR
HARRISON AR 72601-2004**



3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 71-0562003	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	29 Country
25	30

9. Name and Address of Current Registered Agent

**DOWDELL, JIM
1850 LANDSTREET ROAD
ORLANDO FL 32824**

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	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, F.S.	1.2 NAME	
STREET ADDRESS	2200 FORWARD DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARRISON AR 72601	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, FRANK	2.2 NAME	
STREET ADDRESS	2200 FORWARD DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	HARRISON AR 72601	2.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	VSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, TOM	3.2 NAME	
STREET ADDRESS	2200 FORWARD DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARRISON AR 72601	3.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BALISLE, TONY	4.2 NAME	Ben A. Garrison
STREET ADDRESS	2200 FORWARD DR	4.3 STREET ADDRESS	2200 Forward Drive
CITY - ST - ZIP	HARRISON AR 72601	4.4 CITY - ST - ZIP	Harrison, AR 72601
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRISON, WILL	5.2 NAME	
STREET ADDRESS	2200 FORWARD DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	HARRISON AR 72601	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	T.J. Jones
STREET ADDRESS		6.3 STREET ADDRESS	2200 Forward Drive
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Harrison, AR 72601

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: Frank Conner 3-19-97 501-741-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)