

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90216 022 ***150.00

DOCUMENT # 845143

1. Corporation Name

TRANSPORT REALTY OF ARKANSAS, INC.

Principal Place of Business

3801 OLD GREENWOOD RD.
FORT SMITH AR 72903
US

Mailing Address

P.O. BOX 10048
FORT SMITH AR 72917-0048
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1980

4. FEI Number

71-0349248

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite/Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite/Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME S
MYERS, EDWARD
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR 72903

TITLE ☐ DELETE

NAME T
LOEFFLER, DAVID E
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR 72903

TITLE ☐ DELETE

NAME V
ECHOLS, WALTER
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR 72903

TITLE ☐ DELETE

NAME CD
YOUNG, ROBERT A
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR 72903

TITLE ☐ DELETE

NAME AS
MCCAFFREY, SHAUN M
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR

TITLE ☐ DELETE

NAME PD
STUBBLEFIELD, DAVID E
STREET ADDRESS 3801 OLD GREENWOOD RD.
CITY-ST-ZIP FT. SMITH AR 72903

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Cooper, Richard F.

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Asst Treasurer

2.3 STREET ADDRESS J. LAVON MORRISON

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: J. LAVON MORRISON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99 501-494-6823

CR2E034 (11/98)