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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **846330** **(9)**

1. Corporation Name
TRISM SPECIALIZED CARRIERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 113 JOPLIN MO 64802	P.O. BOX 113 JOPLIN MO 64802-0113

3. Date Incorporated or Qualified: 06/25/1980	3a. Date of Last Report: 04/02/1996
4. FEI Number: 58-0653700	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCKENZIE, W. GUY JR
122 APPLEYARD DRIVE
TALLAHASSEE FL 32302

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEEL, DARYL		1.2 NAME		
STREET ADDRESS	EAST SEVENTH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	JOPLIN MO 64802		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	HARTTER, GARY W		2.2 NAME		
STREET ADDRESS	1425 FRANKLIN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30067		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KILCULLEN, JOHN J		3.2 NAME		
STREET ADDRESS	EAST SEVENTH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	JOPLIN MO		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	RALPH NELSON	☒ Change ☐ Addition
NAME	SOUTHWICK, BEN		4.2 NAME	SECRETARY	
STREET ADDRESS	EAST 7TH ST		4.3 STREET ADDRESS	4174 JILES RD	
CITY-ST-ZIP	JOPLIN MO		4.4 CITY-ST-ZIP	KENNESAW, GA 30144	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	REVIE, JAMES M		5.2 NAME		
STREET ADDRESS	EAST 7TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	JOPLIN MO		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	ASST TREASURER	☐ Change ☒ Addition
NAME			6.2 NAME	SHYLA SCHILLING	
STREET ADDRESS			6.3 STREET ADDRESS	EAST 7TH ST	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	JOPLIN MO 64802	

CR2E034 (9/96)

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: Shyla Schilling SHYLA SCHILLING 3-19-97 417 624-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #