

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

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **846330** (9)
1. Corporation Name
TRISM SPECIALIZED CARRIERS, INC.



Principal Place of Business P.O. BOX 113 JOPLIN MO 64802	Mailing Address P.O. BOX 113 JOPLIN MO 64802
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4174 JILES ROAD Suite, Apt. #, etc. 22 City & State 23 KENNESAW GA Zip Country 24 30144 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/25/1980	
		4. FEI Number 58-0653700		Applied For 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCKENZIE, W. GUY JR 122 APPEYARD 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	
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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 date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	TREASURER
NAME	SCHILLING, SHYLA	1.2 NAME	JAMES G. OVERLEY
STREET ADDRESS	EAST 7TH ST	1.3 STREET ADDRESS	4174 JILES RD
CITY-ST-ZIP	JOPLIN MO	1.4 CITY-ST-ZIP	KENNESAW, GA 30144
TITLE	P	2.1 TITLE	
NAME	HARTTER, GARY W	2.2 NAME	
STREET ADDRESS	1425 FRANKLIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
NAME	NELSON, RALPH	4.2 NAME	
STREET ADDRESS	4174 JILES ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Stephen C Williams* **STEPHEN C WILLIAMS** 1/23/98 417-621-2252

CR2E034 (10/97)