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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 852546

(1)

1. Corporation Name
TRANSPORT SOUTH, INC.

Principal Place of Business
300 TECHNOLOGY CT (SMYRNA, GA 30080)
P.O. BOX 105554
ATLANTA GA 30348

Mailing Address
300 TECHNOLOGY CT (SMYRNA, GA 30080)
P.O. BOX 105554
ATLANTA GA 30348-5554



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1982	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1455492	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
85 Zip Code
FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V/AS
NAME	PREVOST, WILLIAM P.	1.2 NAME	LANDAU, HARRIET
STREET ADDRESS	300 TECHNOLOGY COURT	1.3 STREET ADDRESS	300 TECHNOLOGY CT
CITY-ST-ZIP	SMYRNA GA	1.4 CITY-ST-ZIP	SMYRNA GA 30082
TITLE	CEO	2.1 TITLE	CEO/D
NAME	BOLCH, CARL JR	2.2 NAME	BOLCH, CARL JR
STREET ADDRESS	300 TECHNOLOGY COURT	2.3 STREET ADDRESS	300 TECHNOLOGY CT
CITY-ST-ZIP	SMYRNA GA	2.4 CITY-ST-ZIP	SMYRNA GA 30082
TITLE	SD	3.1 TITLE	D
NAME	BOLCH, SUSAN BASS	3.2 NAME	BOLCH, CARL III
STREET ADDRESS	300 TECHNOLOGY COURT	3.3 STREET ADDRESS	300 TECHNOLOGY CT
CITY-ST-ZIP	SMYRNA GA	3.4 CITY-ST-ZIP	SMYRNA GA 30082
TITLE	VPD	4.1 TITLE	D
NAME	LENKER, MAX V.	4.2 NAME	MORAN, ALLISON BOLCH
STREET ADDRESS	300 TECHNOLOGY COURT	4.3 STREET ADDRESS	300 TECHNOLOGY CT
CITY-ST-ZIP	SMYRNA GA	4.4 CITY-ST-ZIP	SMYRNA GA 30082
TITLE	T	5.1 TITLE	V
NAME	DUMBACHER, ROBERT J.	5.2 NAME	PITTS, LILLARD
STREET ADDRESS	300 TECHNOLOGY COURT	5.3 STREET ADDRESS	300 TECHNOLOGY CT
CITY-ST-ZIP	SMYRNA GA	5.4 CITY-ST-ZIP	SMYRNA GA 30082
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012506

CR2E034 (9/96)