

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **855148** (3)

1. Corporation Name
OLD DOMINION FREIGHT LINE, INC.



Principal Place of Business: **1730 WESTCHESTER DR HIGH POINT NC 27262-7007**
Mailing Address: **1730 WESTCHESTER DR HIGH POINT NC 27262-7007**

3. Date Incorporated or Qualified: **12/31/1982**
3a. Date of Last Report: **08/15/1995**
4. FEI Number: **56-0751714**
5. Creation 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: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 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 City: 84 Zip Code: **FL** 85

11. Pursuant to the provisions of Sections 607.01(2) and 607.01(3), Florida Statutes, the above named corporation has submitted 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. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.05(2), Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	MCCARTY, J.B. JR.	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRYE, J. W.	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	CONGDON, EARL E	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONGDON, DAVID S	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EBELING, JOHN	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	
TITLE	AVPC	<input type="checkbox"/> DELETE
NAME	BOOKER, JOHN P	
STREET ADDRESS	1730 WESTCHESTER DR	
CITY, ST, ZIP	HIGH POINT NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18 STREET ADDRESS	
19 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
29 NAME	
30 STREET ADDRESS	
31 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied herein is true and correct, furnish the above information for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this statement and on any supplemental annex report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the issuer of the securities covered by this report as required by Chapter 697, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or my name appears with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (910) 889-5000

CR2E034 (12/95)