

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

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90258 023 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **855148**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1982**

4. FEI Number **56-0751714**  
 Applied For  
 Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, J.B. JR.	1.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRYE, J. W.	2.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGDON, EARL E	3.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONGDON, DAVID S	4.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBELING, JOHN	5.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	5.4 CITY-ST-ZIP	
TITLE	VPC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOKER, JOHN P	6.2 NAME	
STREET ADDRESS	1730 WESTCHESTER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGH POINT NC	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:

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

4-1999

336.889.5000

Date

Daytime Phone #

CR2E034 (11/98)