SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
*** AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $575)**

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 PM 1:09

DOCUMENT # **F93000001080 (1)**

1. Corporation Name

ALLIED HOLDINGS, INC. OF GEORGIA

Principal Place of Business	Mailing Address
160 CLAIRMONT AVENUE, SUITE 510 DECATUR GA 30030	160 CLAIRMONT AVENUE, SUITE 510 DECATUR GA 30030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1993	3a. Date of Last Report: 06/29/1994
4. FEI Number: 58-0360550	☐ 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 (21)	2a. Mailing Address (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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mail/delivery

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	RUTLAND, ROBERT J	12 NAME	
STREET ADDRESS	160 CLAIRMONT AVE., SUITE 510	13 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	14 CITY ST ZIP	
TITLE	STVD	21 TITLE	☐ Change ☐ Addition
NAME	POOLE, A. MITCHELL	22 NAME	
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	23 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	24 CITY ST ZIP	
TITLE	AT	31 TITLE	☐ Change ☐ Addition
NAME	FORBES, DAVID S.	32 NAME	
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	33 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	RUTLAND III, GUY W.	42 NAME	
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	43 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NELSON, K. JACKSON	52 NAME	
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	53 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	WILSON, B. F.	62 NAME	
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	63 STREET ADDRESS	
CITY ST ZIP	DECATUR GA	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ DAVID S. FORBES 6/14/95 (404) 370-4207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176830 FP

F93—1080

ALLIED HOLDINGS, INC.

FEI#: 58-0360550
160 CLAIRMONT AVENUE, SUITE 510
DECATUR, GEORGIA 30030

SCHEDULE OF OFFICERS AND DIRECTORS

Officers:

Title	Name	SSN	ADDRESS
President	Robert J. Rutland	253-66-6928	*
Secretary	A. Mitchell Poole	419-60-4372	*
Treasurer	A. Mitchell Poole	419-60-4372	*
Asst. Treasurer	David S. Forbes	562-08-3451	*
Exec. Vice President	A. Mitchell Poole	419-60-4372	*

Directors:

Name	SSN	Address
Guy W. Rutland, III	254-50-1790	*
Robert J. Rutland	253-66-6928	*
A. Mitchell Poole	419-60-4372	*
K. Jackson Nelson	244-64-1112	*
B.F. Wilson	254-60-2861	*
Bernard O. DeWulf	449-35-4158	*
Guy W. Rutland, IV	258-94-7370	*

* c/o Allied Holdings, Inc.
160 Clairmont Avenue, Suite 510
Decatur, Georgia 30030

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED

DOCUMENT # F93000001097 (5)

1. Corporation Name

ALLIED, INC.

Principal Place of Business	Mailing Address
160 CLAIRMONT AVENUE, SUITE 510 DECATUR GA 30030	160 CLAIRMONT AVENUE, SUITE 510 DECATUR GA 30030

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1993	3a. Date of Last Report: 06/29/1994
4. FEI Number: 75-0121472	☐ 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 — 21
2a. Mailing Address — 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

C T CORPORATION SYSTEM
1200 SOUTH 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 **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, typed 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	RUTLAND, ROBERT J	12 NAME		
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	13 STREET ADDRESS		
CITY ST ZIP	DECATUR GA	14 CITY ST ZIP		
TITLE	VPST	21 TITLE		☐ Change ☐ Addition
NAME	POOLE, MITCHELL A.	22 NAME		
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	23 STREET ADDRESS		
CITY ST ZIP	DECATUR GA	24 CITY ST ZIP		
TITLE	AT	31 TITLE		☐ Change ☐ Addition
NAME	FORBES, DAVID S	32 NAME		
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	33 STREET ADDRESS		
CITY ST ZIP	DECATUR GA 30030	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	DEWULF, BERNARD O.	42 NAME		
STREET ADDRESS	160 CLAIRMONT AVENUE, SUITE 510	43 STREET ADDRESS		
CITY ST ZIP	DECATUR GA	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 above/on, or on an attachment with an address.

SIGNATURE: David S. Forbes — DAVID S. FORBES — 6/14/95 — (404) 370-4209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0176531 FP

F93-1097

ALLIED, INC.

160 CLAIRMONT AVENUE, SUITE 510
DECATUR, GEORGIA 30030

SCHEUDLE OF OFFICERS AND DIRECTORS

Officers:

Title	Name	SSN	Address
President	Robert J. Rutland	253-66-6928	*
Secretary	A. Mitchell Poole	419-60-4372	*
Treasurer	A. Mitchell Poole	419-60-4372	*
Asst. Treasurer	David S. Forbes	562-08-3451	*
Vice President	A. Mitchell Poole	419-60-4372	*

Directors:

Name	SSN	Address
Bernard O. DeWulf	449-35-4158	*
Robert J. Rutland	253-66-6928	*
A. Mitchell Poole	419-60-4372	*

* c/o Allied, Inc.
160 Clairmont Avenue, Suite 510
Decatur, Georgia 30030