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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001013 (1)

NIXON FREIGHT AGENCY, INCORPORATED

Principal Place of Business Mailing Address 880 U.S. ROUTE 68 S P O BOX 609 **XENIA OH 45385** XENIA OH 45385

FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1994 2. Principal Place of Business 2a. Mailing Address Applied For 31-1015598 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SHEPHERD, RUTH 1445 NOLTON WAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32822-8006 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 partied came of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) CR2E034 (10/97 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE NIXON, GENEVA NAME 1.2 NAME 880 U.S. ROUTE 68 S STREET ADORESS 1.3 STREET ADDRESS **XENIA OH 45385** CITY - ST - ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change NIXON, JOHN 2.2 NAME 880 U.S. ROUTE 68 S STREET ADDRESS 2.3 STREET ADDRESS **XENIA OH 45385** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition 3.1 TITLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 51 TITLE Change Addition NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE

CRY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 confortal order or the receiver or truestee 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 an attachment with any identity.

nes :

62 NAME

6 3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

1-5-98 937-376-1042