

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # F94000001013

Corporation Name

NIXON FREIGHT AGENCY, INCORPORATED

Principal Place of Business

80 U.S. ROUTE 68 S  
XENIA OH 45385

Mailing Address

P O BOX 609  
XENIA OH 45385  
US

FILED  
Jul 12, 1999 8:00 am  
Secretary of State

07-12-1999 90009 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/01/1994	
City & State		City & State		4. FEI Number	
Zip		Zip		31-1015598	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHEPHERD, RUTH  
1445 NOLTON WAY  
ORLANDO FL 32822-8006

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

I. 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	
OFFICERS AND DIRECTORS							
LE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
ME	NIXON, GENEVA		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS	880 U.S. ROUTE 68 S		1.2 NAME				
Y-ST-ZIP	XENIA OH 45385		1.3 STREET ADDRESS				
LE	D	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP				
ME	NIXON, JOHN		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS	880 U.S. ROUTE 68 S		2.2 NAME				
Y-ST-ZIP	XENIA OH 45385		2.3 STREET ADDRESS				
LE		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP				
ME			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS			3.2 NAME				
Y-ST-ZIP			3.3 STREET ADDRESS				
LE		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP				
ME			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS			4.2 NAME				
Y-ST-ZIP			4.3 STREET ADDRESS				
LE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP				
ME			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS			5.2 NAME				
Y-ST-ZIP			5.3 STREET ADDRESS				
LE		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP				
ME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
REET ADDRESS			6.2 NAME				
Y-ST-ZIP			6.3 STREET ADDRESS				
			6.4 CITY-ST-ZIP				

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.

SIGNATURE:

*Signature of Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-99

Date

937-376-1062

Daytime Phone #

CR2E034 (5/99)