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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003536 (9)

1. Corporation Name

BPI TRANSPORT, INC.

Principal Place of Business

P.O. BOX 3366
AUGUSTA GA 30914

Mailing Address

P.O. BOX 3366
AUGUSTA GA 30914-3366

3. Date Incorporated or Qualified

07/06/1994

3a. Date of Last Report

06/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

57-0926317

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOARDMAN III, CLAYTON P	
STREET ADDRESS	1804 GORDON HWY	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	RIGDON, WILLIAM B	
STREET ADDRESS	1804 GORDON HWY	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	HARPER, HELEN	
STREET ADDRESS	1804 GORDON HWY	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOARDMAN, BRAYE	
STREET ADDRESS	1804 GORDON HWY	
CITY - ST - ZIP	AUGUSTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOARDMAN JR, CLAYTON P	
STREET ADDRESS	1804 GORDON HWY	
CITY - ST - ZIP	AUGUSTA GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SENIOR VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LARRY G. BURGAMY, JR.	
1.3 STREET ADDRESS	1804 GORDON HWY	
1.4 CITY - ST - ZIP	AUGUSTA, GA 30904	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HARPER, ELLEN H.	
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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:

ELLEN H HARPER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-97

Date

706-481-1703

Daytime Phone #

CR2E034 (9/96)