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> PROFIT CORPORATION ANNUAL REPORT

> > 2000



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

FILED Jul 12, 2000 8:00 am Secretary of State

07-12-2000 90014 004 ***550.00

OCUMENT # F9500000396

ALLEN FREIGHT SERVICES, INC.

_ d ≘lace of Business	Mailing Address	·	
PHILLIPS LIGHWAY. SUITE 48	P.O. BOX 188		
32207-6840	TONTITOWN AR 72770		DO NOT WOLLD IN THE OR OF
			DO NOT WRITE IN THIS SPACE
	·		3. Date Incorporated or Qualifed
ncipal Place of Business	, 2a. Mailing Address		01/25/1995 4. FEI Number
665 Ellis Road Sout	26		Applied For
te, Apt. #, etc.	Suite, Apt, #, etc		43-1498191 Not Applica
	27		5. Certificate of Status Desired Fee Required
y & State	City & State		
acksanville, FL	28	•	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Country	· Zip	Country	This corporation owes the current year Intangible
32254 25 US	29	30	Personal Property Tax. ☐ Yes ☐ No
9. Name and Address of Curi	rent Registered Agent		10. Name and Address of New Registered Agent
ALLEN MALLIALS IN THE		81 Name	,
ALLEN, WILLIAM K III		82 Street Add	ress (P.O. Box Number is Not Acceptable)
1912 OAK CIRCLE		Olicet Ade	ress (F.O. DOX Number is Not Acceptable)
ATLANTIC BEACH FL 32233	•	83	
7.0		24 05	
		84 City	FL 85 Zip Code
DP	AND DIRECTORS	13. 1,1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
WEAVER, ROBERT W		1.2 NAME	☐ Change ☐ Addi
HWY. 412 W.		1.3 STREET ADDRESS	
TONTITOWN AR 72770		1.4 CITY-ST-ZIP	
ST	☐ DELETE	21 TITLE	☐ Change ☐ Add.
GODDARD, LARRY J		2.2 NAME	
POPESS HWY. 412 W.		2.3 STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·
TONTITOWN AR 72770		2.4 CiTY-ST-ZIP	
D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addi
SULLIVAN, DANIEL C		3.2 NAME	
122 W. 22ND ST.		34 POWE	· · · · · · · · · · · · · · · · · · ·
OAK BROOK IL 60521			
D		3.3 STREET ADDRESS	
MOROUN, MATTHEW T	DELETE		☐ Change ☐ Add:
835 LAKESHORE	☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Add:
	☐ DELETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	☐ Change ☐ Add:
grosse point shore MI 4	***	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	☐ Change ☐ Add:
0 :	18236	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	☐ Change ☐ Add:
	18236	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
D WILKINS, CHARLES F 932 LONGLAKE DR.	18236	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	
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D WILKINS, CHARLES F 932 LONGLAKE DR.	18236 □ DÉLETE	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Add

by 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 of this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an 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 12 or Block 13 if changed, or on an attachment with an address. With all other like empowered.

EATURE: 29 N. DVW

Larry Gooddord 1

6/28/00

501-361-9111

2E034 (11/98)