

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003325 (6)
 1. Corporation Name
AMERICAN FREIGHTWAYS CORPORATION OF HARRISON



Principal Place of Business 2200 FORWARD DR HARRISON AR 72601	Mailing Address 2200 FORWARD DR HARRISON AR 72601-2004
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3. Date Incorporated or Qualified 07/12/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 74-2391754 Applied For Not Applicable	5. Certificate of Status Desired <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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent DOWDELL, JIM 1850 LANDSTREET RD. ORLANDO FL 32824	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRISON, F.S.		1.2 NAME	
STREET ADDRESS 2200 FORWARD DR		1.3 STREET ADDRESS	
CITY-ST-ZIP HARRISON AR 72601		1.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNER, FRANK		2.2 NAME	
STREET ADDRESS 2200 FORWARD DR		2.3 STREET ADDRESS	
CITY-ST-ZIP HARRISON AR 72601		2.4 CITY-ST-ZIP	
TITLE VST	<input type="checkbox"/> DELETE	3.1 TITLE VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRISON, TOM		3.2 NAME	
STREET ADDRESS 2200 FORWARD DR		3.3 STREET ADDRESS	
CITY-ST-ZIP HARRISON AR 72601		3.4 CITY-ST-ZIP	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALISLE, TONY		4.2 NAME Ben A. Garrison	
STREET ADDRESS 2200 FORWARD DR		4.3 STREET ADDRESS 2200 Forward Drive	
CITY-ST-ZIP HARRISON AR 72601		4.4 CITY-ST-ZIP Harrison, AR 72601	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARRISON, WILL		5.2 NAME	
STREET ADDRESS 2200 FORWARD DR		5.3 STREET ADDRESS	
CITY-ST-ZIP HARRISON AR 72601		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME T.J. Jones	
STREET ADDRESS		6.3 STREET ADDRESS 2200 Forward Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Harrison, AR 72601	

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 or changed, or on an attachment with an address.

SIGNATURE: Frank Conner Frank Conner 3-19-97 501-741-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)