

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F95000003325**

1. Entity Name

**AMERICAN FREIGHTWAYS CORPORATION OF HARRISON****FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90099 015 \*\*\*150.00

Principal Place of Business

Mailing Address

**2200 FORWARD DR  
HARRISON AR 72601****2200 FORWARD DR  
HARRISON AR 72601-2004****B0011286**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **74-2391754**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
C	GARRISON, F.S.	2200 FORWARD DR	HARRISON AR 72601	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	CONNER, FRANK	2200 FORWARD DR	HARRISON AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GARRISON, TOM	2200 FORWARD DR	HARRISON AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GARRISON, BEN A	2200 FORWARD DR	HARRISON AR	<input checked="" type="checkbox"/>	D	John Paul Hammerschmidt	2200 Forward Drive	Harrison, AR 72601	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VSTD	GARRISON, WILL	2200 FORWARD DR	HARRISON AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	JONES, TJ	2200 FORWARD DR	HARRISON AR	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank Conner

1-10-00

Date

870-741-9005

Daytime Phone #