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May 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 # F95000005912 (9)

1. Corporation Name

CAROTRANS INTERNATIONAL, INC.

Principal Place of Business

NC HWY #150 W
CHERRYVILLE NC 28021

Mailing Address

P.O. BOX 10048
FORT SMITH AR 72017-0048
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/05/1995

3a. Date of Last Report

04/24/1996

4. FEI Number

56-1867557

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 DC ☐ DELETE

NAME YOUNG, ROBERT A III
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-ST-ZIP FT SMITH AR 72903

TITLE D ☒ DELETE

NAME NEAL, DONALD L
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-ST-ZIP FT SMITH AR 72903

TITLE S ☐ DELETE

NAME COOPER, RICHARD F
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-ST-ZIP FT SMITH AR

TITLE DP ☐ DELETE

NAME JUSTISS, JAMES A
STREET ADDRESS NC HWY #150 W
CITY-ST-ZIP CHERRYVILLE NC 28021

TITLE V ☐ DELETE

NAME BULLOCK, ROBERT H
STREET ADDRESS NC HWY #150 W
CITY-ST-ZIP CHERRYVILLE NC 28021

TITLE T ☒ DELETE

NAME CHERRY, LISA
STREET ADDRESS NC HWY #150 W
CITY-ST-ZIP CHERRYVILLE NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AT
DAVID E. LOEFFLER
3801 OLD GREENWOOD ROAD
FORT SMITH, AR 72903

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 *S. M. Mortham* 4-22-97 56-787-6142

CR2E034 (9/96)