

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 72917-0048
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1995	
21		26		4. FEI Number 56-1867557	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT A III	1.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR 72903	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCAFFREY, SHAUN M	2.2 NAME	
STREET ADDRESS	3801 OLD GREENWOOD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, RICHARD F	3.2 NAME	Greg Howard
STREET ADDRESS	3801 OLD GREENWOOD RD	3.3 STREET ADDRESS	3801 Old Greenwood Rd
CITY-ST-ZIP	FT SMITH AR	3.4 CITY-ST-ZIP	FT SMITH, AR 72903
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUSTISS, JAMES A	4.2 NAME	D.P. Andy Sbc
STREET ADDRESS	NC HWY #150 W	4.3 STREET ADDRESS	3801 Old Greenwood Rd
CITY-ST-ZIP	CHERRYVILLE NC 28021	4.4 CITY-ST-ZIP	Fort Smith, AR 72903
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BULLOCK, ROBERT H	5.2 NAME	J. Lavin Manton
STREET ADDRESS	NC HWY #150 W	5.3 STREET ADDRESS	3801 Old Greenwood Rd
CITY-ST-ZIP	CHERRYVILLE NC 28021	5.4 CITY-ST-ZIP	FT SMITH, AR 72903
TITLE	AT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEFFLER, DAVID E	6.2 NAME	T.D
STREET ADDRESS	3801 OLD GREENWOOD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT SMITH AR	6.4 CITY-ST-ZIP	

14. 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 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. Sandra Mortham Asst. Treasurer 4/9-98

CR2E034 (10/97)