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

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 03, 1999 8:00 am
Secretary of State
05-03-1999 90081 002 ***150.00

DOCUMENT # F96000006836

1. Corporation Name
FREIGHT HANDLERS, INC.

Principal Place of Business	Mailing Address
320 W RANSON ST FUQUAY-VARINA NC 27526	PO BOX 546 FUQUAY-VARINA NC 27526 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 12/23/1996

4. FEI Number: 56-1741462 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1224 East Academy St.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fuquay-Varina, NC	28 City & State
24 Zip: 27526 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WALL, CHARLES W		1.2 NAME		
STREET ADDRESS	320 W RANSON ST		1.3 STREET ADDRESS	1224 E. Academy St	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526		1.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WALL, CHARLES W		2.2 NAME		
STREET ADDRESS	320 W RANSON ST		2.3 STREET ADDRESS	1224 E. Academy St	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WALL, JAYNE E		3.2 NAME		
STREET ADDRESS	320 W RANSON ST		3.3 STREET ADDRESS	1224 E. Academy St.	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	SNIPES, RUSSELL G		4.2 NAME		
STREET ADDRESS	320 W RANSON ST		4.3 STREET ADDRESS	1224 E. Academy St.	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SNIPES, FRANCES C		5.2 NAME		
STREET ADDRESS	320 W RANSON ST		5.3 STREET ADDRESS	1224 E. Academy St.	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	MEIERHOEFER, ERIC		6.2 NAME		
STREET ADDRESS	320 W RANSOM STREET		6.3 STREET ADDRESS	1224 E. Academy St.	
CITY-ST-ZIP	FUQUAY VARINA NC		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Jayne E Wall REQUIRED 3/31/99 (919) 552-3157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #