

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 039 ***150.00

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1. Entity Name

CAROLINA LOGISTICS SERVICES, INC.



Principal Place of Business

2601 PILGRIM COURT
WINSTON-SALEM, NC 27106

Mailing Address

2601 PILGRIM COURT
WINSTON-SALEM, NC 27106



01232004 No Chg-P CR2E034 (10/03)

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4. FEI Number

56-2069164

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOUGHTON, S. MARK
STREET ADDRESS 2601 PILGRIM COURT
CITY-ST-ZIP WINSTON-SALEM, NC 27106

TITLE SCEO
NAME WHITAKER, JOHN C
STREET ADDRESS 2601 PILGRIM COURT
CITY-ST-ZIP WINSTON-SALEM, NC 27106

TITLE V
NAME BROWN, THOMAS T
STREET ADDRESS 2601 PILGRIM COURT
CITY-ST-ZIP WINSTON-SALEM, NC 27106

TITLE VCFO
NAME EVANS TESSIEN, CYNTHIA
STREET ADDRESS 2601 PILGRIM COURT
CITY-ST-ZIP WINSTON-SALEM, NC 27106

TITLE AS
NAME SPEAS, VICKIE L
STREET ADDRESS 2601 PILGRIM COURT
CITY-ST-ZIP WINSTON-SALEM, NC 27106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 10 or Block 11 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

1-30-04

Date

336-770-3500

Daytime Phone #