FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 19 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 # **H70598** **(8)**

1. Corporation Name
GREER TRUCKING COMPANY, INC.

Principal Place of Business
6919 PICKETTVILLE RD.
P.O. BOX 37654
JACKSONVILLE FL 32220-2475

Mailing Address
6919 PICKETTVILLE RD.
P.O. BOX 37654
JACKSONVILLE FL 32220-2475

3. Date Incorporated or Qualified: 08/07/1985	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2596877	☐ 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	

2. Principal Place of Business
21 717 Camann St.
22
City & State: 23 Greensboro NC
Zip: 24 27407 Country: 25 Guilford

2a. Mailing Address
26 717 Camann St.
27
City & State: 28 Greensboro NC
Zip: 29 27407 Country: 30 Guilford

9. Name and Address of Current Registered Agent
GREER, MARY WHITE
6919 PICKETTVILLE RD.
JACKSONVILLE FL 32220

10. Name and Address of New Registered Agent
81 Name: ELIHEW GRAY
82 Street Address (P.O. Box Number is Not Acceptable)
83 33 LANE AVENUE SOUTH
84 City: JACKSONVILLE FL 85 Zip Code: 32254

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: Elihew Gray Elihew Gray 3/10/97
(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE: PDS	☒ DELETE	1.1 TITLE: C	☐ Change	☒ Addition
NAME: GREER, MARY WHITE		1.2 NAME: DOUGLAS D. CLINE		
STREET ADDRESS: 6919 PICKETTVILLE RD.		1.3 STREET ADDRESS: 717 CAMANN STREET		
CITY-ST-ZIP: JACKSONVILLE FL		1.4 CITY-ST-ZIP: GREENSBORO, NC 27407		
2 TITLE: DV	☒ DELETE	2.1 TITLE: P/M	☐ Change	☒ Addition
NAME: GREER, JAMES RONALD		2.2 NAME: JOE A. JACKSON		
STREET ADDRESS: 214 LEMONT AVE.		2.3 STREET ADDRESS: 717 CAMANN STREET		
CITY-ST-ZIP: HUDSON NC		2.4 CITY-ST-ZIP: GREENSBORO, NC 27407		
3 TITLE: D	☒ DELETE	3.1 TITLE: V/D	☐ Change	☒ Addition
NAME: GREER, JOHN CAROL		3.2 NAME: ELIHEW GRAY		
STREET ADDRESS: 6921 PICKETTVILLE RD		3.3 STREET ADDRESS: 33 LANE AVE. SOUTH		
CITY-ST-ZIP: JACKSONVILLE FL		3.4 CITY-ST-ZIP: JACKSONVILLE, FL 32254		
4 TITLE:	☐ DELETE	4.1 TITLE: V/D	☐ Change	☒ Addition
NAME:		4.2 NAME: JEFFREY CRUTHIS		
STREET ADDRESS:		4.3 STREET ADDRESS: 717 CAMANN STREET		
CITY-ST-ZIP:		4.4 CITY-ST-ZIP: GREENSBORO, NC 27407		
5 TITLE:	☐ DELETE	5.1 TITLE: S/T/D	☐ Change	☒ Addition
NAME:		5.2 NAME: SHARON A. CLINE		
STREET ADDRESS:		5.3 STREET ADDRESS: 717 CAMANN STREET		
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: GREENSBORO, NC 27407		
6 TITLE:	☐ DELETE	6.1 TITLE:	☐ Change	☐ Addition
NAME:		6.2 NAME:		
STREET ADDRESS:		6.3 STREET ADDRESS:		
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:		

CR2E034 (9/96)

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: [signature] Jeffrey L. Cruthis 3/10/97 910-855-1355
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #