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Jan 24 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 # **L12809** **(4)**

1. Corporation Name
ANCHOR FREIGHT FORWARDING, INC.

Principal Place of Business	Mailing Address
5266 HWY. AVE. **P.O. BOX 60069** **JACKSONVILLE FL 32254-3679**	**5266 HWY. AVE.** **P.O. BOX 60069** **JACKSONVILLE FL 32236-0069**

3. Date Incorporated or Qualified: **06/29/1989**
3a. Date of Last Report: **04/10/1996**

2. Principal Place of Business
21 815 S. Main Street
22 Suite, Apt. #, etc: 5th Floor
23 City & State: Jacksonville, FL
24 Zip: 32207
25 Country: U.S.

2a. Mailing Address
26 815 S. Main Street
27 Suite, Apt. #, etc: 6th Floor
28 City & State: Jacksonville, FL
29 Zip: 32207
30 Country: U.S.

4. FEI Number: **59-3004326** ☐ 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	10. Name and Address of New Registered Agent
PRICE, R. J. **5266 HIGHWAY AVE.** **JACKSONVILLE FL 32254**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 815 South Main Street 83 6th Floor 84 City: Jacksonville FL 85 Zip Code: 32207

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	RICHARDSON, MICHAEL C.		1.2 NAME		
STREET ADDRESS	5266 HWY AVE		1.3 STREET ADDRESS	815 South main Street, 5th Floor	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE	VT	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	BRYMER, J. DENISE		2.2 NAME		
STREET ADDRESS	5266 HWY AVE		2.3 STREET ADDRESS	815 South main Street, 5th Floor	
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GROGER, RANDALL K.		3.2 NAME		
STREET ADDRESS	5266 HWY AVE		3.3 STREET ADDRESS	815 South main Street, 5th Floor	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE	AS	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	STRICKLAND, BARBARA S		4.2 NAME		
STREET ADDRESS	5266 HIGHWAY AVE		4.3 STREET ADDRESS	815 South main Street, 5th Floor	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
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: J. Denise Brymer 01-16-97 904-390-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Denise Brymer