FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05608 (5)

1. Corporation Name
ABF CARTAGE, INC.

Principal Place of Business	Mailing Address
1000 SOUTH 21ST ST. PO BOX 48 FORT SMITH AR 72902	1000 SOUTH 21ST ST. PO BOX 48 FORT SMITH AR 72902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1985
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business — 21: 3801 Old Greenwood Rd
2a. Mailing Address — 26: PO Box 10048
22: Suite, Apt. #, etc.
27: Suite, Apt. #, etc.
23: City & State
28: City & State
24: Zip 72903
25: Country
29: Zip 72917-0048
30: Country

4. FEI Number: 71-0596079 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ 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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	YARBROUGH, JERRY A	1.2 NAME	David E. Stubblefield	
STREET ADDRESS	1000 S. 21ST ST.	1.3 STREET ADDRESS	3801 Old Greenwood Rd	
CITY-ST-ZIP	FT. SMITH AR	1.4 CITY-ST-ZIP	72903	
TITLE	VD	2.1 TITLE	VS AT	☒ Change ☐ Addition
NAME	SLACK, R DAVID	2.2 NAME		
STREET ADDRESS	1000 S 21ST ST	2.3 STREET ADDRESS	3801 Old Greenwood Rd	
CITY-ST-ZIP	FORT SMITH AR	2.4 CITY-ST-ZIP	72903	
TITLE	SD	3.1 TITLE	V	☒ Change ☐ Addition
NAME	COOPER, RICHARD F.	3.2 NAME	Donald L. Neal	
STREET ADDRESS	1000 S 21ST ST.	3.3 STREET ADDRESS	3801 Old Greenwood Rd	
CITY-ST-ZIP	FORT SMITH AR	3.4 CITY-ST-ZIP	72903	
TITLE	T	4.1 TITLE		☒ Change ☐ Addition
NAME	MEYERS, JOHN R.	4.2 NAME		
STREET ADDRESS	1000 S 21ST ST	4.3 STREET ADDRESS	3801 Old Greenwood Rd	
CITY-ST-ZIP	FORT SMITH AR	4.4 CITY-ST-ZIP	72903	
TITLE	AS	5.1 TITLE		☒ Change ☐ Addition
NAME	SLACK, R, DAVID	5.2 NAME		
STREET ADDRESS	1000 S 21ST ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT SMITH AR	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE		☒ Change ☐ Addition
NAME	SLACK, R, DAVID	6.2 NAME		
STREET ADDRESS	1000 S 21ST ST	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT SMITH AR	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: R. David Slack — R. David Slack — 3-7-95 — 501-785-6000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
VP-Controller

040074 FN