

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P05608 (5)

1. Corporation Name

ABF CARTAGE, INC.



Principal Place of Business

Mailing Address

3801 OLD GREENWOOD RD
~~PO BOX 48~~
FORT SMITH AR 72903
US

P. O. BOX 10048
~~PO BOX 48~~
FORT SMITH AR 72917-0048
US

3. Date Incorporated or Qualified
04/09/1985

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and the agent's address

NOTE: Registered Agent Signature required when making change

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
STUBBLEFIELD, DAVID E.
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-STATE-ZIP FT. SMITH AR

TITLE ☒ DELETE

NAME VSAT
SLACK, R DAVID
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-STATE-ZIP FORT SMITH AR

TITLE ☐ DELETE

NAME V
NEAL, DONALD L.
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-STATE-ZIP FORT SMITH AR

TITLE ☐ DELETE

NAME T
MEYERS, JOHN R.
STREET ADDRESS 3801 OLD GREENWOOD RD
CITY-STATE-ZIP FORT SMITH AR

TITLE ☒ DELETE

NAME AS
SLACK, R, DAVID
STREET ADDRESS 1000 S 21ST ST
CITY-STATE-ZIP FT SMITH AR

TITLE ☒ DELETE

NAME AT
SLACK, R, DAVID
STREET ADDRESS 1000 S 21ST ST
CITY-STATE-ZIP FT SMITH AR

1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

1. TITLE

2. NAME

2.3. STREET ADDRESS

2.4. CITY-STATE-ZIP

3. TITLE

3.2. NAME

3.3. STREET ADDRESS

3.4. CITY-STATE-ZIP

4. TITLE

4.2. NAME

4.3. STREET ADDRESS

4.4. CITY-STATE-ZIP

5. TITLE

5.2. NAME

5.3. STREET ADDRESS

5.4. CITY-STATE-ZIP

6. TITLE

6.2. NAME

6.3. STREET ADDRESS

6.4. CITY-STATE-ZIP

☐ Change ☐ Addition

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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)(k), 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 a attachment with an address.

SIGNATURE:

Edward G. Myers

EDWARD G. MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

DATE

(501) 785-6000

Daytime Phone

CR2E034 (12/95)