

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
3801 OLD GREENWOOD RD  
FORT SMITH AR 72903  
US

Mailing Address  
P. O. BOX 10048  
FORT SMITH AR 72917-0048  
US



FILED  
May 01 1997 8:00am  
Secretary of State

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified  
04/09/1985

3a. Date of Last Report  
04/24/1996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME STUBBLEFIELD, DAVID E.  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FT. SMITH AR ☐ DELETE

TITLE S  
NAME EDWARD G. MYERS  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR ☐ DELETE

TITLE D  
NAME NEAL, DONALD L.  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR ☒ DELETE

TITLE T  
NAME DAVID E. LOEFFLER  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FORT SMITH AR ☐ DELETE

TITLE DC  
NAME ROBERT A YOUNG III  
STREET ADDRESS 3801 OLD GREENWOOD RD  
CITY-ST-ZIP FT SMITH AR ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SHAWN M. MCCAFFREY  
3801 OLD GREENWOOD ROAD  
FORT SMITH, AR 72903

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

Shawn M. McCaffrey

CR2E034 (9/96)