

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P12654 (0)**

1. Corporation Name
SOUTHEASTERN FREIGHT LINES, INC.



Principal Place of Business: **1041 HARBOR ROAD WEST COLUMBIA SC 29169**
Mailing Address: **P.O. BOX 1691 COLUMBIA S. 29202 US**

3. Date Incorporated or Qualified: **12/23/1986**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **57-0301199**
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: **21 420 Davega Road**
Suite, Apt. #, etc.:
22
City & State: **23 Lexington, SC**
Zip: **24 29073** Country: **25 Lexington**
2a. Mailing Address: **26**
Suite, Apt. #, etc.:
27
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSELS, W.T., JR.	
STREET ADDRESS	1041 HARBOR ROAD	
CITY-ST-ZIP	WEST COLUMBIA SC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	TAYLOR, PAUL D.	
STREET ADDRESS	1041 HARBOR ROAD	
CITY-ST-ZIP	WEST COLUMBIA SC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STOREY, SHELBY D.	
STREET ADDRESS	1041 HARBOR ROAD	
CITY-ST-ZIP	WEST COLUMBIA SC	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BURLESON, J.R., JR.	
STREET ADDRESS	1041 HARBOR ROAD	
CITY-ST-ZIP	WEST COLUMBIA SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASSELS, W. TOBIN, III	
STREET ADDRESS	1041 HARBOR ROAD	
CITY-ST-ZIP	WEST COLUMBIA SC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	420 Davega Road
14 CITY-ST-ZIP	Lexington, SC 29073
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	420 Davega Road
24 CITY-ST-ZIP	Lexington, SC 29073
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	420 Davega Road
34 CITY-ST-ZIP	Lexington, SC 29073
4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	420 Davega Road
44 CITY-ST-ZIP	Lexington, SC 29073
5. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	420 Davega Road
54 CITY-ST-ZIP	Lexington, SC 29073
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 803-794-7300
Date: Daytime Phone #

CR2E034 (12/95)