

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

APPROVED
AND
FILED

95 JUL 20 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001545941
-07/25/95--01116--011
*****200.00 *****200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Montagna Secretary of State Office of the Secretary of State
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DOCUMENT # P17440 (9)

COLDWAY CARRIERS, INC.

Principal Place of Business 510 WEST LAMAR STREET PO BOX 1659 AMERICUS GA 31709	Mailing Address 510 WEST LAMAR STREET PO BOX 1659 AMERICUS GA 31709
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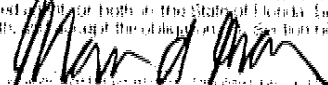
2. Principal Place of Business 21 State Apt # etc 22 City & State 23 Country	2a. Mailing Address 26 State Apt # etc 27 City & State 28 Country	24 Country	25 Country	29 Country	30 Country
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3. Date incorporated or Qualified 12/30/1987	3a. Date of Last Report 04/29/1994
4. FFI Number 58-1751864	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. 197(1)(c) Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
FLORIDA TRUCKING ASSOCIATION
350 E. COLLEGE AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name Marvin I. Moss
82 Street Address, P.O. Box Number is Not Acceptable
4651 Sheridan Street Suite 300
83
84 City Hollywood FL 85 Zip Code 33021

11. Pursuant to the provisions of Sections 206.01 and 206.02, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office from 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 the laws and regulations of the State of Florida and the Florida Statutes.

SIGNATURE  6-5-95

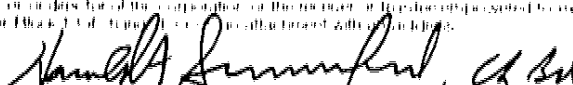
12. OFFICERS AND DIRECTORS

OFFICER	PD
NAME	BROWN, CHARLES E.
STREET ADDRESS	6740 TAOS COURT
CITY & STATE	LISLE IL
OFFICER	CD
NAME	SUMERFORD, HAROLD E. SR.
STREET ADDRESS	ROUTE 1, UPPER RIVER RD
CITY & STATE	AMERICUS GA
OFFICER	SD
NAME	SUMERFORD, HAROLD E. JR.
STREET ADDRESS	ROUTE 1, UPPER RIVER RD
CITY & STATE	AMERICUS GA
OFFICER	TD
NAME	ALLEN, MARION A.
STREET ADDRESS	1011 HARRIS DRIVE
CITY & STATE	FORT VALLEY GA

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 1

1. NAME	☐ Change ☐ Addition
2. NAME	☐ Change ☐ Addition
3. NAME	☐ Change ☐ Addition
4. NAME	☐ Change ☐ Addition
5. NAME	☐ Change ☐ Addition
6. NAME	☐ Change ☐ Addition
7. NAME	☐ Change ☐ Addition
8. NAME	☐ Change ☐ Addition
9. NAME	☐ Change ☐ Addition
10. NAME	☐ Change ☐ Addition
11. NAME	☐ Change ☐ Addition
12. NAME	☐ Change ☐ Addition
13. NAME	☐ Change ☐ Addition
14. NAME	☐ Change ☐ Addition
15. NAME	☐ Change ☐ Addition
16. NAME	☐ Change ☐ Addition
17. NAME	☐ Change ☐ Addition
18. NAME	☐ Change ☐ Addition
19. NAME	☐ Change ☐ Addition
20. NAME	☐ Change ☐ Addition

14. I hereby certify that this statement, signed by the filing agent, is substantially true and correct, for the month ended on the last day of the month, and that the information included in the statement is true and correct, and that my signature shall have the same legal effect as made upon oath. That I am an officer or director of the corporation, or the person or persons authorized to execute the statement as required by Chapter 206, Florida Statutes, and that my name appears on the list of officers or directors of the corporation.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold A. Sumnerford

4/27/95 912-924-3663