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 JUL 20 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17440 (9)

1. Corporate Name

COLDWAY CARRIERS, INC.

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
510 WEST LAMAR STREET PO BOX 1659 AMERICUS GA 31709	510 WEST LAMAR STREET PO BOX 1659 AMERICUS GA 31709

3. Date Incorporated or Qualified: 12/30/1987
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI 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. 199.032 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 Shiriden Street Suite 300
83
84 City: Hollywood FL 85 Zip Code: 33021

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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] 6-5-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	BROWN, CHARLES E.	NAME	
STREET ADDRESS	6740 TAOS COURT	STREET ADDRESS	
CITY-ST-ZIP	LISLE IL	CITY-ST-ZIP	
TITLE	CD	TITLE	☐ Change ☐ Addition
NAME	SUMERFORD, HAROLD E. SR.	NAME	
STREET ADDRESS	ROUTE 1, UPPER RIVER RD	STREET ADDRESS	
CITY-ST-ZIP	AMERICUS GA	CITY-ST-ZIP	
TITLE	SD	TITLE	Secretary ☑ Change ☐ Addition
NAME	SUMERFORD, HAROLD E. JR.	NAME	Sumerford, Gene
STREET ADDRESS	ROUTE 1, UPPER RIVER RD	STREET ADDRESS	Route 1, Upper River Road
CITY-ST-ZIP	AMERICUS GA	CITY-ST-ZIP	Americus, GA 31709
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	ALLEN, MARION A.	NAME	
STREET ADDRESS	1011 HARRIS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FORT VALLEY GA	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

SSJ 7/20/95

14. I 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 report or supplemental 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] Ch Bd 4/27/95 912-924-3663

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

0476829 FP