

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 # P17440 (9)

1. Corporation Name

COLDWAY CARRIERS, INC.



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
07/20/1995

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

**MARVIN I. MOSS
4651 SHIRIDON STREET
SUITE 300
HOLLYWOOD FL 33021**

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BROWN, CHARLES E.	
STREET ADDRESS	6740 TAOS COURT	
CITY - ST - ZIP	LISLE IL	
TITLE	CD	☐ DELETE
NAME	SUMERFORD, HAROLD E. SR.	
STREET ADDRESS	ROUTE 1, UPPER RIVER RD	
CITY - ST - ZIP	AMERICUS GA	
TITLE	S	☐ DELETE
NAME	SUMERFORD, GENE.	
STREET ADDRESS	ROUTE 1, UPPER RIVER RD	
CITY - ST - ZIP	AMERICUS GA 31709	
TITLE	TD	☐ DELETE
NAME	ALLEN, MARION A.	
STREET ADDRESS	1011 HARRIS DRIVE	
CITY - ST - ZIP	FORT VALLEY GA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Sumerford
Secretary

Date

Daytime Phone #

912-924-3663

CR2E034 (12/95)