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FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22881

(7)

1. Corporation Name

SHAMBURGER TRUCKING COMPANY

Principal Place of Business

69 SHAMBURGER LANE  
P.O. BOX 3164  
LITTLE ROCK AR 72203

Mailing Address

69 SHAMBURGER LANE  
P.O. BOX 3164  
LITTLE ROCK AR 72203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1989

4. FEI Number

71-0561039

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 69 Shamburger Lane

26 PO BOX 3164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Little Rock Arkansas

28 Little Rock Arkansas

24 Zip

25 Country

29 Zip

30 Country

72203

Pulaski

72203

Pulaski

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME WARD, CHARLES L  
STREET ADDRESS 2207 COTTONDALE LN  
CITY-ST-ZIP LITTLE ROCK AR

1.1 TITLE ☐ Change ☐ Addition

TITLE ST ☐ DELETE

NAME SEXTON, SONIA  
STREET ADDRESS RT. 2 BOX 109A  
CITY-ST-ZIP CABOT AR 72023

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME O'NEAL, D. L  
STREET ADDRESS 2207 COTTONDALE LN.  
CITY-ST-ZIP LITTLE ROCK AR

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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:

Sandra B. Mortham Secretary of State

1/15/98

501-664-2889

CR2E034 (10/97)