

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34599** (1)

1. Corporation Name

MARK VII TRANSPORTATION COMPANY, INC.

Principal Place of Business

**965 RIDGE LAKE BLVD., SUITE 103
MEMPHIS TN 38120**

Mailing Address

**965 RIDGE LAKE BLVD., SUITE 103
MEMPHIS TN 38120-9437**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1991		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 35-1712356		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	Return EPN-93-1074964		
82. Street Address (P.O. Box Number Is Not Acceptable)			
83. City			
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	S	1.1 TITLE	S
NAME	CLEMENT, CAROL	1.2 NAME	Clement, Carol L.
STREET ADDRESS	965 RIDGE LAKE BLVD. STE 103	1.3 STREET ADDRESS	965 Ridge Lake Blvd., Ste. 103
CITY-ST-ZIP	MEMPHIS TN	1.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	C	2.1 TITLE	Chairman/D
NAME	MATTNEY, R.C.	2.2 NAME	Matney, R.C.
STREET ADDRESS	201 S. EMERSON, #130	2.3 STREET ADDRESS	201 S. Emerson, #130
CITY-ST-ZIP	GREENWOOD IN	2.4 CITY-ST-ZIP	Greenwood IN 46143
TITLE	VPD	3.1 TITLE	VPD
NAME	HEAD, J. MICHAEL	3.2 NAME	Head, J. Michael
STREET ADDRESS	965 RIDGE LAKE BLVD. STE 103	3.3 STREET ADDRESS	965 Ridge Lake Blvd., Ste. 103
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	S	4.1 TITLE	S
NAME	GRAVES, JAMES T.	4.2 NAME	Graves, James T.
STREET ADDRESS	5310 ST. JOSEPH AVE.	4.3 STREET ADDRESS	5310 St. Joseph Ave.
CITY-ST-ZIP	DT. JOSEPH MO	4.4 CITY-ST-ZIP	St. Joseph, MO 64505
TITLE	PD	5.1 TITLE	PD
NAME	WEDAMAN, DAVID H.	5.2 NAME	Wedaman, David H.
STREET ADDRESS	965 RIDGE LAKE BLVD.	5.3 STREET ADDRESS	965 Ridge Lake Blvd., Ste. 103
CITY-ST-ZIP	MEMPHIS TN	5.4 CITY-ST-ZIP	Memphis, TN 38120
TITLE	VP	6.1 TITLE	T
NAME	JIM WILSON,	6.2 NAME	Dunavant, Philip L.
STREET ADDRESS	965 RIDGE LAKE BLVD., STE. 103	6.3 STREET ADDRESS	965 Ridge Lake Blvd., Ste. 103
CITY-ST-ZIP	MEMPHIS TN 38120	6.4 CITY-ST-ZIP	Memphis TN, 38120

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Carol L. Clement

4/25/97 (901) 367-4455

CR2E034 (9/96)