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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:30

DOCUMENT # **P93000070126 (6)**

1. Corporation Name
FREIGHT HANDLERS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
C/O J. B. WALL 1802 JIM JOHNSON ROAD PLANT CITY FL 33566 US	PO BOX 546 FUQUAY-VARINA NC 27526

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-3203240 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARLTON FIELDS WARD EMMANUEL SMITH ET AL
ATT: NATHANIEL DOLINER
ONE HARBOR PL 5TH FLOOR
TAMPA FL

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Chief Operating Officer	XX Change ☐ Addition
NAME	WALL, CHARLES W	1.2 NAME	Wall, Charles W.	
STREET ADDRESS	600 HOLLAND RD	1.3 STREET ADDRESS	600 Holland Rd.	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526	1.4 CITY-ST-ZIP	Fuquay-Varina, NC 27526	
TITLE	D	2.1 TITLE	President & COO	XX Change ☐ Addition
NAME	WALL, JAYNE E	2.2 NAME	Wall, Jayne E.	
STREET ADDRESS	600 HOLLAND RD	2.3 STREET ADDRESS	600 Holland Rd.	
CITY-ST-ZIP	FUQUAY-VARINA NC 27526	2.4 CITY-ST-ZIP	Fuquay-Varina, NC 27526	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Jayne E. Wall Jayne E. Wall, Pres. 1/30/95 (919)552-3157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486300 FN