ILE 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 APR 27 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000088722 (2)**

1. Corporation Name
FREIGHT MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1805 LAKEVIEW AVE. SEFFNER FL 33584	1805 LAKEVIEW AVE. SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1993
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business	2a. Mailing Address
21 324 Mariner Cir	26 324 Mariner Circle
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Woodstock GA	28 City & State: Woodstock GA
24 Zip: 30188 25 Country: USA	29 Zip: 30188 30 Country: USA

4. FEI Number: 59-3214170 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FAUGHT, ELLIS R JR
206 MASON ST.
BRANDON FL 33511

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	11 TITLE	Director / President	☑ Change ☐ Addition
NAME	MCKINNEY, LARRY D	12 NAME		
STREET ADDRESS	1805 LAKEVIEW AVE.	13 STREET ADDRESS	324 Mariner Circle	
CITY-ST-ZIP	SEFFNER FL 33584	14 CITY-ST-ZIP	Woodstock GA 30188	
TITLE	D	21 TITLE	Director / Vice-President / Secretary	☑ Change ☐ Addition
NAME	BERRY, JOHN H JR	22 NAME		
STREET ADDRESS	1807 LAKEVIEW AVE.	23 STREET ADDRESS	234 Dennis Drive	
CITY-ST-ZIP	SEFFNER FL 33584	24 CITY-ST-ZIP	Alpharetta GA 30201	
TITLE		31 TITLE	Director / Treasurer	☐ Change ☒ Addition
NAME		32 NAME	Peggy C. McKinney	
STREET ADDRESS		33 STREET ADDRESS	324 Mariner Circle	
CITY-ST-ZIP		34 CITY-ST-ZIP	Woodstock GA 30188	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 above, or on an attachment with an address.

SIGNATURE: [signature] Larry D. McKinney 4/19/95 (404) 592-9574
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0290000 CP