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

PROFIT CORPORATION

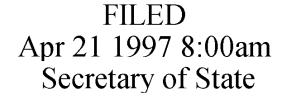
1997



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS**

Sandra B. Mortham ANNUAL REPORT



DOCUMENT	# P	9400	0077	658	(0)

DOCUN 1. Corporation	MENT # P9400	0077658 (0)			
	A FREIGHT HOLDING, INC				
Principal Prace	e of Business	Mailing Address			HORIST FOR IN INCIDENTIAL FOR FORE
40234 TOWNSEND ROAD DADE CITY FL 33525		P.O. BOX 2088 ZEPHIRHILLS FL 33539-2	088		
				3. Date Incorporated or Qualified 10/19/1994	3a. Date of Last Report 09/19/1996
2. Principa ^t PI	lace of Business	2a. Mailing Address	<u> </u>	4. FEI Number	Applied For
21	26			59-3275816	Not Applicable
Suite, Apt.	Le, Apt. #, etc Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
Z (p)	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		Yes No
	9, Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New Reg	pistered Agent
	LEY, JAQUELINE		Name		
	20 First Street De City FL 33525		82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
DAL)E 0111 1E 000E0		83		
			84 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607 Of	502 and 607 1508. Florida Statu	tes the above-named corr	poration submits this statement for the p	
office or re	egistered agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such change was gations of Section 607.0505, F	authorized by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a	gont and tilln if applicable (NO ND DIRECTORS	IE Registered Agent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDS AND DIDECTORS IN 12
12.	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BAILEY, JACK		1.2 NAME		
STREET ADDRESS	11122 FORT KING ROAD		1.3 STREET ADDRESS	•	
CITY - S1 - ZIP	DADE CITY FL 33525		1.4 CITY - ST - ZIP		
THUE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		ļ
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - 7(F)			2. 4 CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-S1-7IP		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE NAME			4. 2 NAME		E onange E //www.
STREET ADDRESS			4.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
HILF		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAML			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP			5.4 CHTY-ST-ZIP		
1171.6		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
0.711 61 701	1		0.4.0072 07 700		}

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 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.

Jack D. Bailey

(352)567-3098