

P96000029449

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

RE: Network (Associated)
Transportation (98 APR-96, ALLWAYS)

C. C. FERRIS (904) 224-8870
TALLAHASSEE, FLORIDA

<input type="checkbox"/> Capital Express™	_____
<input checked="" type="checkbox"/> Art. of Inc. Filing	_____
<input type="checkbox"/> Corp. Record Search	_____
<input type="checkbox"/> Ltd. Partnership Filing	_____
<input type="checkbox"/> Foreign Corp. Filing	_____
<input checked="" type="checkbox"/> () Cert. Copy(s)	_____
<input type="checkbox"/> Art. of Amend. Filing	_____
<input type="checkbox"/> Dissolution/Withdrawal	_____
<input type="checkbox"/> C U B-	_____
<input type="checkbox"/> Fictitious Name Filing	_____
<input type="checkbox"/> Name Reservation	_____
<input type="checkbox"/> Annual Report/Reinstatement	_____
<input type="checkbox"/> Reg. Agent Service	_____
<input type="checkbox"/> Document Filing	_____
<input type="checkbox"/> Corporate Kit	_____
<input type="checkbox"/> Vehicle Search	_____
<input type="checkbox"/> Driving Record	_____
<input type="checkbox"/> Document Retrieval	_____
<input type="checkbox"/> UCC 1 or 3 Filing	_____
<input type="checkbox"/> UCC 11 Search	_____
<input type="checkbox"/> UCC 11 Retrieval	_____
<input type="checkbox"/> Filing No.'s, _____ Copies	_____
<input type="checkbox"/> Courier Service	_____
<input type="checkbox"/> Shipping/Handling	_____
<input type="checkbox"/> Phone ()	_____
<input type="checkbox"/> Top Priority	_____
<input type="checkbox"/> Express Mail Prep.	_____
<input type="checkbox"/> FAX () pgs.	_____

SUBTOTALS

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY Jan _____

WALK-IN 4/4 12:00
Will Pick Up _____

ARTICLES OF INCORPORATION
OF
NETWORK ASSOCIATES TRANSPORTATION GROUP, INC.

FILED

96 APR -4 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscriber to these Articles of Incorporation hereby subscribes to and forms a corporation for profit under the laws of the State of Florida.

ARTICLE I. - NAME

The name of the corporation is Network Associates Transportation Group, Inc.

ARTICLE II. - NATURE OF BUSINESS

This corporation is organized for the purposes of transacting any and all lawful business.

ARTICLE III. - DURATION

This corporation shall have perpetual existence and shall commence on filing.

ARTICLE IV. - CAPITAL STOCK

This corporation is authorized to issue 100 (One Hundred) shares of common stock, each share having the par value of \$1.00 (One and No/100).

**ARTICLE V - PRINCIPAL OFFICE, INITIAL REGISTERED
OFFICE AND AGENT**

The principal office of this corporation is 2605 Jenks Avenue, Panama City, Florida 32405. The street address of the initial registered office of this corporation is 502 Harmon Avenue, Panama City, Florida 32401, and the name of the initial registered agent of this corporation at that address is JACK G. WILLIAMS.

ARTICLE VI - BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be increased from time to time by the by-laws, but shall never be less than one. The name and

address of the initial directors of this corporation are:

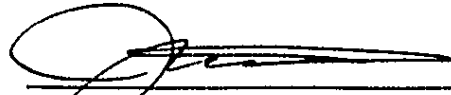
<u>Name</u>	<u>Address</u>
RAY C. STEWART	3303 Country Club Drive Lynn Haven, Florida 32444
SHERRY F. STEWART	3303 Country Club Drive Lynn Haven, Florida 32444

ARTICLE VII - INCORPORATORS

The name and address of the person signing these Articles is:

<u>Name</u>	<u>Address</u>
JACK G. WILLIAMS	502 Harmon Avenue Panama City, Florida 32401

IN WITNESS WHEREOF, I have hereunto set my hand and seal, this 3rd day of April, 1996.

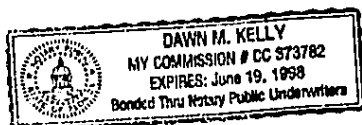


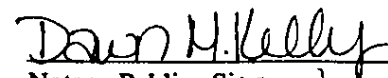
JACK G. WILLIAMS

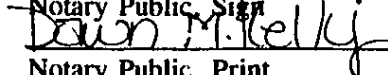
STATE OF FLORIDA,
COUNTY OF BAY.

BEFORE ME, the undersigned authority, this day personally appeared JACK G. WILLIAMS, to me well known and known to me to be the individual described in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he executed the same for the purposes therein expressed.

WITNESS my hand and seal in the state and county aforesaid, this 3rd day of April, 1996.





Notary Public, Sign


Notary Public, Print
My commission expires:

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.**

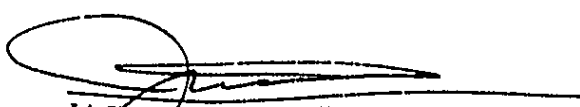
FILED
JUN 11 1968
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said act.

First, that NETWORK ASSOCIATES TRANSPORTATION GROUP, INC., desiring to organize under the laws of the State of Florida, with its principal office, as indicated in the Articles of Incorporation, at 2605 Jenks Avenue, Panama City, Florida 32405, has named Jack G. Williams, located at 502 Harmon Avenue, Panama City, Florida 32401 as its agent to accept service of process within this state.

ACKNOWLEDGMENT

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.


JACK G. WILLIAMS
Registered Agent