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FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000043059 (9)

1. Corporation Name

AMERICAN FREIGHT MANAGEMENT, INC.

Principal Place of Business

453 VALLEY STREAM DR
GENEVA FL 32732

Mailing Address

453 VALLEY STREAM DR
GENEVA FL 32732

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/14/1997

4. FEI Number

59-3446829

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 1025-2 N. Main St.
Suite, Apt. #, etc.

2a. Mailing Address.
26 1025-2 N. Main St.
Suite, Apt. #, etc.

22 City & State
23 High Springs FL
Zip Country
24 32643 25 USA

27 City & State
28 High Springs, FL
Zip Country
29 32643 30 USA

9. Name and Address of Current Registered Agent

GRIFFIN, BRIAN K
453 VALLEY STREAM DR
GENEVA FL 32732

10. Name and Address of New Registered Agent

81 Name Griffin Brian K.
82 Street Address (P.O. Box Number is Not Acceptable)
4021 Biscayne Dr.
83
84 City Winter Springs FL 85 Zip Code 32708

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

TITLE D
NAME GRIFFIN, BRIAN K
STREET ADDRESS 453 VALLEY STREAM DR
CITY-ST-ZIP GENEVA FL 32732 ☐ DELETE

TITLE D
NAME BEAVERS, DANA L
STREET ADDRESS 11500 SW 16 ST
CITY-ST-ZIP DAVIE FL 33325 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. ☒ Change ☐ Addition
1.2 NAME Brian Griffin
1.3 STREET ADDRESS 4021 Biscayne Dr.
1.4 CITY-ST-ZIP Winter Springs FL 32708 ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I 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]

4-6-98

407-1096-9098

CR2E034 (10/97)