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

**PROFIT** CORPORATION ANNUAL REPORT

1000



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90179 046 \*\*\*150.00

	1333				_
DOCU	MENT # P98000	0033967			
1. Corporation	IAM FREIGHT, INC.				
GNANTH	IAW FREIGHT, INC.				1 10 0 1 0 0 1 1 0 1 0 1 0 1 0 1 0 1 0
Principal Place	e of Business	Mailing Address			# 1881/1885 YIN SEVEN TRIBIT BRITT B
5912 NEW KINGS ROAD 5912 NEW KINGS ROAD					
JACKSONVILLE		Jacksonville FL 32209			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					04/13/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21 26					<b>5</b> 9-35/4355 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22 27					ree Required
City & Stat	e	├	City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
Zip	Country	Zip	Zip Country		This corporation owes the current year Intangible
Σip 24	25	— · · — -	10	• •	Personal Property Tax.
	9. Name and Address of Curre				10. Name and Address of New Registered Agent
				1 Name	
	NTHAM, STEVE L		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)
	NEW KINGS ROAD				
JACI	KSONVILLE FL 32209		83		,
			8	4 City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab					FL
office or r	egistered agent, or both, in the State	e of Florida. Such change was aut	norized b	y the corporat	ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	da Statute	95.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE. R	Registered Ag	ent signature requir	red when reinstating) DATE
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE 1.17			☐ Change ☐ Addition
NAME	GRANTHAM, STEVE L		1.2 NAME		
STREET ADDRESS	I			ET ADDRESS	
CITY-ST-ZIP	SCREVEN GA 31560	□ DCI E7E	1.4 CITY-		. Change
TITLE		☐ DELETE	2.1 TITLE 2.2 NAME	1	Change Producti
NAME				ET ADDRESS	
STREET ADDRESS			2.4 CITY		
TITLE			3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	- ST- ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS		·	4.3 STRE	ET ADORESS	
CiTY-ST-ZIP			4.4 CITY		Change C Addition
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	EET ADDRESS	
STREET ADDRESS			5.4 CITY		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAM		_ · -
STREET ADDRESS			6.3 STRE	ET ADDRESS	

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 in an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: