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

PROFIT H ORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #

1. Corporation Name (0)SOUTHERN TRANSPORT, INC. Principal Place of Business Mailing Address 5280 CLIFF ST PO BOX 275 **GRACEVILLE FL \$2440 GRACEVILLE FL 32440** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1991 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 26 59-3086872 Not Applicable 983 6th Avenue Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 30 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WILLIAMS, CHARLES H Baker, Frank A ddress (P.O. Box Number is Not Acceptable) 5287 BROWN STREET 82 Street Add **GRACEVILLE FL 32440** 4431 LaFayette Street 83 84 City 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 agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature theoretical great agent and secretary accept the appointment as registered agent. Signature theoretical great agent and accept the appointment as registered agent. Signature theoretical great agent agent agent. Signature theoretical great agent agent. Signature theoretical great agent agent. Signature theoretical great agent agent agent. Signature theoretical great agent agent agent agent agent agent agent agent. Signature the great agent a Flugistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PD 🔲 DECETÉ TITLE 1.1 TITLE Change Addition WILLIAMS, CHARLES W NAME 1.2 NAME **5287 BROWN STREET** STREET ADDRESS 1.3 STREET ADDRESS **GRACEVILLE FL 32440** CITY-\$T-ZIP 1.4 CHY - ST - ZIP VSD OHELE TITLE 2.1 TITLE Change Addition WILLIAM, THOMAS H NAME 2.2 NAME **5287 BROWN STREET** STREET ADDRESS 23 STREET ADDRESS **GRACEVILLE FL 32440** CITY-ST-ZIP 2.4 CITY-ST-7IP TITLE DELETE 3.1 3111.6 Change Addition NAME **3.2 NAME** STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-7IP DELETE TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELLIE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 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 supplied with this filing does not qualify for each that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the opporation 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 addition.