

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P07687 (7)**

1. Corporation Name  
**AAA COOPER TRANSPORTATION, INC.**



Principal Place of Business  
**1751 KINSEY ROAD  
 DOTHAN AL 36303**

Mailing Address  
**P.O. BOX 6827  
 DOTHAN AL 36302-6827**

3. Date incorporated or Qualified **10/09/1985** 3a. Date of Last Report **03/01/1996**

4. FEI Number **63-0364620** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite Apt # etc. 26. Suite Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

**9. Name and Address of Current Registered Agent**

**UNITED STATES CORPORATION COMPANY  
 110 NORTH MAGNOLIA STREET  
 TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOVE, G. MACK</b>	
STREET ADDRESS	<b>1751 KINSEY ROAD</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COGGINS, CHARLES E.</b>	
STREET ADDRESS	<b>1751 KINSEY ROAD</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BARKLEY, JAMES E.</b>	
STREET ADDRESS	<b>1751 KINSEY ROAD</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PEARCE, FRED J</b>	
STREET ADDRESS	<b>1751 KINSERY ROAD</b>	
CITY-ST-ZIP	<b>DOTHAN AL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**500002188775**  
**-05/22/97--01120--001**  
**\*\*\*330.00**

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 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 2 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Charles E. Coggins* / **Charles E. Coggins** April 30, 1997 (334)793-2284  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Vice-Pres / Admin. & Finance**

CR2E034 (9/96)