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

FILED
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90005 021 ***150.00
05-14-1999 90005 022 *****8.75

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 162572

1. Corporation Name
ARMELLINI EXPRESS LINES, INC.

Principal Place of Business	Mailing Address
3446 SW ARMELLINI AVE. P.O.BOX 678 PALM CITY FL 34990	P.O. BOX 678 PALM CITY FL 34991-0678 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/09/1950

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 23-1615254 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLASON, JOHN J.
3446 SW ARMELLINI AVE.
PALM CITY FL 34990

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARMELLINI, J.		1.2 NAME		
STREET ADDRESS	541 S.W. FALCON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	ARMELLINI, RICHARD		2.2 NAME	ARMELLINI, RICHARD	
STREET ADDRESS	2671 MEADOW WOOD COURT		2.3 STREET ADDRESS	2453 PROVENCE CIRCLE	
CITY-ST-ZIP	WESTON FL 33332		2.4 CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARMELLINI, DAVID		3.2 NAME		
STREET ADDRESS	2905 S.W. GULF HARBOR ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ARMELLINI, SARAH		4.2 NAME		
STREET ADDRESS	541 S.W. FALCON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLASON,JOHN J.		5.2 NAME		
STREET ADDRESS	1149 SW HOGAN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARMELLINI, STEPHEN		6.2 NAME		
STREET ADDRESS	6820 APPALOOSA TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 4/21/99 561-287-0575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #